



## Donate to the Cause

Your Generosity Restores Confidence and Transforms Lives

Every donation to Beauty Through & Beyond the Battle directly supports our mission to provide confidence-building workshops for women experiencing appearance changes due to cancer treatment, and other medical conditions. Your generosity helps us provide wigs, scarves, brow and lash restoration supplies, self-care kits, and uplifting experiences free of charge to the women we serve.

### Your Impact at a Glance

It costs approximately **\$225** to serve each participant.

#### Each participant receives:

- ◆ A wig
- ◆ A scarf
- ◆ Wig styling supplies
- ◆ A scalp care kit
- ◆ A personal makeup kit

*Every dollar brings a woman closer to feeling like herself again.*

## Donor Information

Full Name	
Email Address	
Phone Number (optional)	
Mailing Address (for receipt)	
City / State / ZIP	

## Type of Donation

Please check all that apply.

<input type="checkbox"/> Monetary donation (one-time) <input type="checkbox"/> Monetary donation (recurring) <input type="checkbox"/> Beauty product donation	<input type="checkbox"/> Gift card donation <input type="checkbox"/> In-kind services or supplies <input type="checkbox"/> Other (describe below)
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## Donation Amount

If making a monetary donation, please write in your desired amount below.

<b>Donation Amount (\$)</b>	
<b>Frequency</b>	<p>Please check one:</p> <input type="checkbox"/> One-time gift <input type="checkbox"/> Monthly recurring <input type="checkbox"/> Quarterly recurring <input type="checkbox"/> Annual gift

## Payment Method

<b>How would you like to donate?</b>	<p>Please check one:</p> <input type="checkbox"/> Check (payable to Beauty Through & Beyond the Battle) <input type="checkbox"/> Online (we will send you a secure donation link) <input type="checkbox"/> Cash (in person) <input type="checkbox"/> Product / in-kind donation (describe below)
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## Product or In-Kind Donation Details

If donating products or services, please describe what you would like to contribute.

## Dedicate Your Gift (Optional)

<b>Is this donation in honor or memory of someone?</b>	<i>Please check one:</i> <input type="checkbox"/> In honor of someone <input type="checkbox"/> In memory of someone <input type="checkbox"/> No dedication
<b>Honoree Name (if applicable)</b>	

## How Did You Hear About Us?

<b>Referral source</b>	<i>Please check one:</i> <input type="checkbox"/> Social media <input type="checkbox"/> Friend or family member <input type="checkbox"/> Community event <input type="checkbox"/> Hospital or treatment center <input type="checkbox"/> Online search <input type="checkbox"/> Other: _____
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### Your Privacy Matters

All donor information is kept strictly confidential. Your personal and financial information will never be shared with third parties.

Signature / Printed Name	Date

**Thank you for your generous support.**  
*Every gift — no matter the size — helps a woman feel beautiful again.*