



PRODUCT REQUEST FORM

BORROWER'S DETAILS

Give name: _____ Surname: _____ Date of Birth: ___/___/_____

Gender: Male Female Other Phone number: _____ Email: _____

Postal address: _____

Cancer diagnosis: _____ Date of diagnosis: ___/___/_____

How did you hear about us? Internet/website Flyer Friend/relative Health professional Other: _____

PRODUCT REQUESTED *(We will do our best to accommodate your request.)*

Product: Turban Beanie Scarf Wig Cap

Head size: Petite Medium Large Colour choices: 1. _____ 2. _____

Wig Length: Ear Chin Neck Shoulder Long

Wig colour: Blonde Light brown Medium brown Dark brown Black Red Grey

Wig type: Straight Wavy Curly Fringe

DECLARATION

I commit to caring for my wig (once received) as per the instructions provided by IHF. I will return any wigs and/or products I borrow back to IHF when they are no longer required.

Full name: _____ Signature: _____ Date: ___/___/_____

Please return this completed form via email to admin@ihfoundation.org.au or mail to: Ipswich Hospital Foundation, PO Box 878, Ipswich QLD 4305.

Sign up for IHF newsletters

We need to collect personal information to process your request, provide service, inform you about our activities and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by IHF in accordance with this statement and our Privacy Policy, available at <https://www.ihfoundation.org.au/privacy-policy/>.

