



SALON PARTNER QUESTIONNAIRE

Please send the completed questionnaire to the attention of Katherine Craig, CHEO Foundation Community Engagement Coordinator via email at krcraig@cheofoundation.com.

SALON NAME: _____

SALON ADDRESS: _____

SALON PHONE NUMBER: _____

SALON EMAIL: _____

SALON WEBSITE: _____

MAIN CONTACT NAME: _____

MAIN CONTACT PHONE NUMBER: _____

MAIN CONTACT EMAIL: _____

[OPTIONAL] WOULD YOU LIKE TO EXTEND A SPECIAL OFFER TO HAIR DONATION OTTAWA PARTICIPANTS? (e.g., 15% off first haircut with proof of registration, etc.)

Yes

No

IF YES, PLEASE LIST THE DETAILS OF THE OFFER HERE (e.g., terms & conditions, coupon code, discount, inclusions, restrictions, etc.): _

I acknowledge that as an official Hair Donation Ottawa Salon Partner, I commit to fundraising for CHEO at least once per calendar year, and I will help to promote Hair Donation Ottawa on my company website, social media channels, and/or in email communications periodically throughout the year.

SIGNATURE: _____

NAME (please print): _____

DATE: _____