



# SALON PARTNER QUESTIONNAIRE

Please send the completed questionnaire to the attention of Bob Ghosh, CHEO Foundation Community Engagement Officer via email at [bghosh@cheofoundation.com](mailto:bghosh@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: \_\_\_\_\_