



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.

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: