

AVON

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

YES

NO

I already have an Avon Representative.

I would like to receive Avon Brochures on a regular basis.

I would like to learn more about earning money with Avon.

*You will also receive a complimentary subscription to our e-newsletter.*

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