

# AVON

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

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

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

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

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

Please send me an Avon Catalog:

- Physical - In the Mail
- Digital - Email
- Digital - Text
- I would like more information about Selling Avon



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

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