

AVON

the company for women

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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 good money with Avon.

Best time of day to contact: _____ a.m. _____ p.m.

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