

AVON CUSTOMER WISH LIST

I would love to receive the following items: (please print)

FRAGRANCE ITEMS _____

BODY CARE ITEMS _____

SKIN CARE ITEMS _____

NAIL CARE ITEMS _____

GLAMOUR/COSMETIC ITEMS _____

OTHER AVON ITEMS _____

My Birthday is _____ My Anniversary is _____

My favorite flower is _____ My favorite color is _____

Special Holidays (when you exchange gifts): _____

My name is _____

My address is _____

City, Town, _____

My phone number is (H) _____ (W) _____ (Fax) _____

Please contact the following gift-givers: (please print)

Name _____ Address _____ City, Town, _____ Phone # _____ EMail: _____	Name _____ Address _____ City, Town _____ Phone # _____ EMail: _____
Name _____ Address _____ City, Town _____ Phone # _____ EMail: _____	Name _____ Address _____ City, Town _____ Phone # _____ EMail: _____
Name _____ Address _____ City, Town _____ Phone # _____ EMail: _____	Name _____ Address _____ City, Town _____ Phone # _____ EMail: _____

Return to: