

Mary Kay Order Form

Fax your completed form to: 1300 550 780



Customer Name (Please Print)

Address

Suburb Post Code

Phone (home) (work)

LIP GLOSS (quantity): Starry Sweet Raisin Melon Sorbet Pink Diamonds Caramel Kiss

MASCARA (quantity): Black Black Brown

I would like to see a catalogue or try samples of other Mary Kay products or have a free beauty appointment

Mastercard Visa Cheque* Cash

_____/_____/_____/_____

Expiry ____/____ Total Amount: \$_____

Signature _____

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Enquiries to:

Louise Storie, National Fundraising & Events Manager
Life Changing Experiences Foundation
Telephone: 1300 553 629 Fax: 1300 550 780
Email: louise@lifechangingexperiences.org

