

SHAKLEE DOOR PRIZE!! *Complete this card for the free door prize drawing!*

What is most important to you? Check off any areas you would like more info on:

__ Ensuring I'm Getting the Right Nutrition or Addressing Specific Concerns below...

- | | | | | |
|--|---------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> PMS | <input type="checkbox"/> Prenatal | <input type="checkbox"/> Nursing | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> More ENERGY | <input type="checkbox"/> Protein | <input type="checkbox"/> Sports | <input type="checkbox"/> Kids | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Feeling YOUNGER | <input type="checkbox"/> Memory | <input type="checkbox"/> Circulation | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Immunity/Allergies | <input type="checkbox"/> Joint | <input type="checkbox"/> Bone | <input type="checkbox"/> Eye | <input type="checkbox"/> Digestive |
| <input type="checkbox"/> STRESS/Anxiety/Mood | <input type="checkbox"/> Sleep | <input type="checkbox"/> Liver | <input type="checkbox"/> Pain Relief | <input type="checkbox"/> Blood Sugar |
| <input type="checkbox"/> Healthy Weight Loss | <input type="checkbox"/> Tone Up | <input type="checkbox"/> Hair | <input type="checkbox"/> Skin | <input type="checkbox"/> Clean Water |
| <input type="checkbox"/> Non-Toxic Cleaners | <input type="checkbox"/> Other: _____ | | | |

__ SAVE \$\$\$

☐ A FREE Anti-Aging "Mini-Facial"

__ Earning EXTRA Income Sharing Products I Love

☐ Set a Date to Get my Friends Together to Hear about Shaklee and Earn FREE Products!

Name _____ Phone/Cell _____
Address _____ City _____ Zip _____
Email _____
Best way to contact: ☐ Call ☐ Text ☐ Email ☐ Mail Best times: _____

Thank You for entering! We will contact you if you win and follow up with the info you requested.

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