

Doll Repair Form

Name _____

Address _____

City, _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E mail address _____

Description of work that you would like us to look at and quote to you. _____

Signed _____

-----Cut along this line and use label below to send your box -----

From _____ _____ _____	To Dolls by Diane 182 Pine St. Homosassa, FL 34446
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