

what's your **foundation fit?**



1. Do you have a problem finding the perfect foundation? Yes No
2. What is your skin tone? Ivory (fair) Beige (medium) Bronze (dark)
3. What's most important to you when selecting your foundation?
 - a. Age-fighting benefits
 - b. Skin-loving minerals
 - c. Moisturization
 - d. Oil control
 - e. Sun protection
4. What is your skin type? Dry Normal Combination Oily
5. Do you use foundation primer? Yes No
6. Do you use concealer? Yes No
7. How do you apply your foundation?
 - a. Fingertips
 - b. Sponge
 - c. Brush
8. Do you wear a finishing powder over your foundation? Yes No
9. Would you love it if someone could help you find your foundation match? Yes No
10. Do you wear the same foundation shade all year long? Yes No

thank you so much for your participation. If you would like help selecting the perfect foundation, please fill in your contact information below:

Name: _____ Phone: _____

E-mail address: _____

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