



PRODUCT RETURN FORM

I AM RETURNING THIS PRODUCT

Name and surname: _____

Address: _____

Postal code, city, country: _____

Date of order: _____

Number of your order: _____

Product I want to return: _____

Where would you like your money to be returned?

Account nr : _____

Reason for refund :

Send the form together with the product by ordinary post to:
My Voice, My Choice Institute for the Protection and Advancement of Reproductive Rights
GLINŠKOVA PLOŠČAD 9
1000 Ljubljana
Slovenia

Thank you!