



Nomination Form  
for  
Recipient of Pink Pamper Pack

The information contained on the sheet below will be treated confidentially. It will be used by the Coordinator of the Pink Pamper Packs and the Pink Pamper Pack Committee for the delivery of the Pink Pamper Packs in the Redlands.

**Nominated Woman** \_\_\_\_\_

**Reason For Nomination:** (Please just provide the basics, e.g. Going through divorce, single mum, suffering illness, carer of others and needs a break, someone who does a lot for others and needs a appreciation of thanks etc.)

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**What type of pampering would suit the recipient best?**

- a) Facial
- b) Pedicure
- c) Movie Ticket and Meal Voucher
- d) Massage
- e) Ironing Lady for 1 week
- f) Cleaner for 1 week
- g) Other \_\_\_\_\_

**Please state any contraindications/considerations for PPP items to be avoided:** (eg. No alcohol, doesn't eat sweets, allergies to soaps/perfumes etc) \_\_\_\_\_

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**Where Is The Pink Pamper Pack To Be Delivered?** (i.e. either to yourself the referrer or to the recipients home – in this case please provide the address)

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Please return this information to Coordinator, Pink Pamper Packs  
by email [pinkpamperpacks@iprimus.com.au](mailto:pinkpamperpacks@iprimus.com.au) or mail PO Box 539 Capalaba DC Qld 4157

**Thank you for helping us to pamper women in need in the Redlands.**