

FILL OUT BEFORE SHOPPING



GIFT ORGANIZER



FILL OUT AFTER SHOPPING

Name	Gift ideas	Item purchased	Price	Wrapped
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
Target Price Range: _____		Total Spent: _____		Given <input type="checkbox"/>

Name	Gift ideas	Item purchased	Price	Wrapped
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
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Target Price Range: _____		Total Spent: _____		Given <input type="checkbox"/>

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