

◆ Gift Shopping List ◆

Gift / Recipient / Merchant	Order Date	Ship Date	Rcvd Date	Wrap	Delivery
Gift: Recipient: Merchant:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Mail
Gift: Recipient: Merchant:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Mail
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