

Christmas **GIFT** List

Name: _____

Gift	Price	Bought?	Wrapped?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Spent:

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		<input type="checkbox"/>	<input type="checkbox"/>
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