SUBMITTER: _____

PHONE: _____

EMAIL: _____

PICKUP ADDRESS: _____

DELIVERY ADDRESS: _____

Item No.	Description	Theme	Gift Tag (y/n)	To	From (if not submitter)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

THE Joy OF GIVING

SUBMITTER: _____

PHONE: _____

EMAIL: _____

PICKUP ADDRESS: _____

DELIVERY ADDRESS: _____

Item No.	Description	Theme	Gift Tag (y/n)	To	From (if not submitter)
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					