

# Gift Wrap Form



Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City / Zip \_\_\_\_\_

Item #	Gift Description	Paper Theme* (limit 3 per order)	Gift Tag? Yes/No	Gift To:	Gift From:	Brush Script?
1						
2						
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4						
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22						
23						
24						
25						

\*Paper Themes: Our papers can change often depending on availability and the season. Go to WRAP IT UP to see our latest offerings.

1 Please write the title of the group in the column.

# Gift Wrap Form



Submitted by \_\_\_\_\_

Item #	Gift Description	Paper Theme* (limit 3 per order)	Gift Tag? Yes/No	Gift To:	Gift From:	Brush Script?
26						
27						
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