

MANIFESTATION PLANNER

BY JANIKA ALEXANDER
LIFE COACH & HOLISTIC WELLNESS AMBASSADOR

DATE:

DAY: S M T W T F S

VISUALIZATION

I WANT
TO MANIFEST

I SEE

I HAVE

I FEEL

LIMITING BELIEFS I NEED GET RID OF

TO-DO LIST

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MY DAILY AFFIRMATION

ACTION PLAN

MY PRAYER TO THE UNIVERSE