



Your Name and address:

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Your phone number and email

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**Who would you like to receive your Sewing Basket wish list?**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Name \_\_\_\_\_

Street \_\_\_\_\_

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