







THANK YOU







Name _____

 Shortbread <input type="checkbox"/>	 Caramel Delights <input type="checkbox"/>	 Lemonades <input type="checkbox"/>	 Peanut Butter Patties <input type="checkbox"/>	 Adventurefuls <input type="checkbox"/>	 Thin Mints <input type="checkbox"/>
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 Peanut Butter Sandwich <input type="checkbox"/>	 Toast Yay <input type="checkbox"/>	 Caramel Chocolate Chip <input type="checkbox"/>	 Donate Cookies <input type="checkbox"/>	Total Boxes <input type="checkbox"/>	Total \$ Due <input type="checkbox"/>	<input type="checkbox"/> Paid
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