KEEPSAKE QUILT SHOPPE WISH LIST

FOR :_____

(NAME)

_____

(ADDRESS)

_____

PLEASE SEND THIS WISH LIST SENT TO:

Name: _____

Address: _____

City: _____

Phone (Optional) _____

E-Mail (Optional) _____

SEWING MACHINE: _____

_____

MACHINE ASSESSORIES: _____

_____

_____

FABRICS: (Please List the Maker, Name, Color and Yardage You Would Like)

_____

_____

_____

_____

NOTIONS:

_____

_____

_____

_____

_____

BOOKS AND/OR PATTERNS:

_____

_____

_____

_____

_____

GIFT ITEMS:

_____

_____

_____

_____