



Christmas Card List



	2014	2015	2016	2017
Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			

Name:	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<input type="checkbox"/> Sent
Address:	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received	<input type="checkbox"/> Received
City/State/Zip:	Notes:			