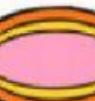


Name _____

Is the item in your budget? Circle Yes or No
If no, say how much more you need

| Your Budget | Item | Yes | No | more? |
|-------------|---|-------------------------------------|--------------------------|----------------------|
| \$50.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$10.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$30.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$20.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$40.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$70.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| \$60.00 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |