

MY WISH LIST

Name _____

Spouse/Significant Other _____

Anniversary _____

Favorite Scents

Favorite Candle Type

Products I Want

Friends & Family Who Might Want This List

Name _____
Phone/Email _____
Address _____

Name _____
Phone/Email _____
Address _____

Name _____
Phone/Email _____
Address _____

Name _____
Phone/Email _____
Address _____

Name _____
Phone/Email _____
Address _____

Name _____
Phone/Email _____
Address _____