Chosen Giftee:	Date Of Gift Giving:
A Fe	w Of My Favourite Things
Snacks/Sweets	
Drinks	
Restaurants	
Stores	
Teams	
Music/Movies	
Hobbies	
Scents	
Colours	
	You Need To Know
I Absolutely Love	
I Really Need	
I Like To Relax By	
I DON'T Like	
TDON'T Need	