

Store: _____

Grocery List - Thanksgiving

Date: _____

FRUIT	
<input type="checkbox"/>	Grapes
<input type="checkbox"/>	Pineapple
<input type="checkbox"/>	Strawberries
<input type="checkbox"/>	Melons
<input type="checkbox"/>	Lemons and oranges
<input type="checkbox"/>	Rosemary and herbs

CEREAL / COFFEE	
<input type="checkbox"/>	Coffee
<input type="checkbox"/>	Tea
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

PAPER GOODS	
<input type="checkbox"/>	Large White Dinner Napkins
<input type="checkbox"/>	Small Appetizer/Dessert Napkins
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

VEGGIES	
<input type="checkbox"/>	Baby carrots
<input type="checkbox"/>	Cucumbers
<input type="checkbox"/>	Cherry Tomatoes
<input type="checkbox"/>	Peppers
<input type="checkbox"/>	Bag of Potatoes
<input type="checkbox"/>	Butternut Squash

PASTA / CONDIMENTS	
<input type="checkbox"/>	Cranberry sauce
<input type="checkbox"/>	Salt
<input type="checkbox"/>	Pepper
<input type="checkbox"/>	Cinnamon
<input type="checkbox"/>	All Spice
<input type="checkbox"/>	Sugar

DAIRY	
<input type="checkbox"/>	Vegetable Dip
<input type="checkbox"/>	Cheese
<input type="checkbox"/>	Butter
<input type="checkbox"/>	Whipped cream
<input type="checkbox"/>	Milk
<input type="checkbox"/>	Coffee Creamer

DELI / BREAD	
<input type="checkbox"/>	Pepperoni
<input type="checkbox"/>	Cranberry Bread
<input type="checkbox"/>	Dinner Rolls
<input type="checkbox"/>	Pumpkin Pie
<input type="checkbox"/>	Chocolate chip cookies
<input type="checkbox"/>	Italian cookies

DRY GOODS / CANNED ITEMS	
<input type="checkbox"/>	Crackers
<input type="checkbox"/>	Goldfish crackers
<input type="checkbox"/>	Stuffing
<input type="checkbox"/>	Gravy
<input type="checkbox"/>	
<input type="checkbox"/>	

FROZEN	
<input type="checkbox"/>	Vanilla ice cream
<input type="checkbox"/>	Cool Whip
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

MEAT / SEAFOOD	
<input type="checkbox"/>	Turkey
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

BABY/PET/ HEALTH+BEAUTY	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

OTHER	
<input type="checkbox"/>	Wine
<input type="checkbox"/>	Beer
<input type="checkbox"/>	Bottled Water and cans of soda
<input type="checkbox"/>	Juice Boxes
<input type="checkbox"/>	Apple Cider
<input type="checkbox"/>	Cranberry Juice

CASH: \$ _____

RX _____

FLORAL: Centerpiece _____