

TREAT OF THE MONTH CLUB

TO: _____

FROM: _____

Each month we will bring you a treat, And just like you.. it will always be sweet.

PLEASE FILL OUT THE QUESTIONNAIRE BELOW AND RETURN.

favorite treat:

soft drink of choice:

fruity OR chocolatey

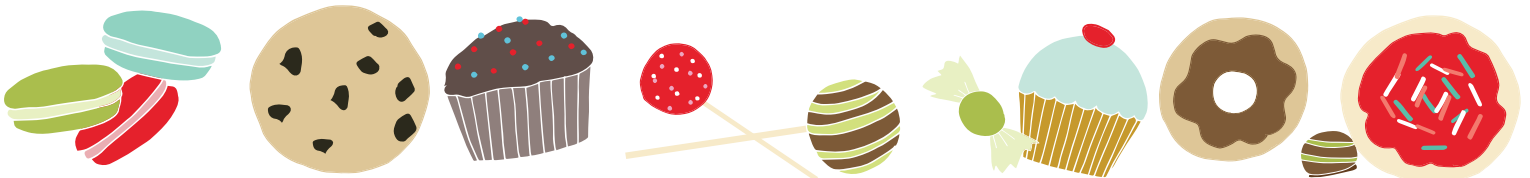
coffee, tea, OR hot chocolate

favorite candy:

salty OR sweet

donuts OR bagels

allergy or diet restrictions:



JANUARY

TREAT  OF THE MONTH

From _____

FEBRUARY

TREAT  OF THE MONTH

From _____

MARCH

TREAT  OF THE MONTH

From _____

APRIL

TREAT  OF THE MONTH

From _____

MAY

TREAT  OF THE MONTH

From _____

JUNE

TREAT  OF THE MONTH

From _____

JULY

TREAT  OF THE MONTH

From _____

AUGUST

TREAT  OF THE MONTH

From _____

SEPTEMBER

TREAT  OF THE MONTH

From _____

OCTOBER

TREAT  OF THE MONTH

From _____

NOVEMBER

TREAT  OF THE MONTH

From _____

DECEMBER

TREAT  OF THE MONTH

From _____