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Savin	gs Plan
Name	Date

	Item #1	Item #2	Item #3
Item Name (1)			
Price of Item (1)			
Savings Per Week From Allowance (1)			
Other Savings Per Week (1)			
Total Amount of Savings Per Week (1)			
Number of Weeks to Save for Item (1)			
Calculations Checked? (1)			

Which item is your final selection and why did you choose it? (3)

TOTAL POINTS/10

