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| **SHOPPING COLLECTION** | | | |
| **Name :** |  | | |
| **Address:** |  | | |
| **Postcode:** | | |
| **Telephone:** |  | | |
| **Special Instructions** |  | | |
|  | | |
| **Payment method** |  | | |
| **SHOPPING LIST** | | | |
| **ITEM** | | **ALTERNATIVE (What should we get if it is not available)** | **Y/N** |
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| **ITEM** | **ALTERNATIVE (What should we get if it is not available)** | **Y/N** |
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