

GROCERY LIST

MONTH: _____

MEAT	
<input type="checkbox"/>	_____

PRODUCE	
<input type="checkbox"/>	_____

DRY GOODS	
<input type="checkbox"/>	_____

FRUITS & VEGGIES	
<input type="checkbox"/>	_____

FROZEN	
<input type="checkbox"/>	_____

BAKERY	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____