

GRANT A WISH FOR A CLASSROOM

**YOUR SUPPORT HELPS US
BUILD STRONG READERS**

Teacher: _____ Grade: _____

	Book Title/Author	Price	Wish Granted <input checked="" type="checkbox"/>
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
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6			<input type="checkbox"/>
7			<input type="checkbox"/>
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9			<input type="checkbox"/>
10			<input type="checkbox"/>

Thank you!



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