



scarfscription / arm candy PREFERENCES

RECIPIENT NAME: _____

GIFT

ADDRESS: _____

FROM: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

SCARFSCRIPTION

ARM CANDY

SUBSCRIPTION START DATE $\frac{\quad}{m} / \frac{\quad}{d} / \frac{\quad}{y}$

3 MONTHS

6 MONTHS

9 MONTHS

1 YEAR

FAVORITE COLORS: _____

SUBSTANCE PLANNING (*office use only*): PAID

LEAST FAVORITE COLORS: _____

LIKES/DISLIKES/ALLERGIES:
(*"allergic to wool, prefers organic"*) _____

LIST SPECIFIC REQUESTS: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

thank you

substance
THE CLOTHES YOU KEEP

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