

Twenty Question

Phone: _____ Fax: _____

Street Address

City ,Zip Code

To: _____

Date: _____

From: _____

Subject: _____

Message: _____



QUESTIONS:

ANSWERS:

- | | |
|-----------|----------|
| 1. _____ | Yes / NO |
| 2. _____ | Yes / NO |
| 3. _____ | Yes / NO |
| 4. _____ | Yes / NO |
| 5. _____ | Yes / NO |
| 6. _____ | Yes / NO |
| 7. _____ | Yes / NO |
| 8. _____ | Yes / NO |
| 9. _____ | Yes / NO |
| 10. _____ | Yes / NO |
| 11. _____ | Yes / NO |
| 12. _____ | Yes / NO |
| 13. _____ | Yes / NO |
| 14. _____ | Yes / NO |
| 15. _____ | Yes / NO |
| 16. _____ | Yes / NO |
| 17. _____ | Yes / NO |
| 18. _____ | Yes / NO |
| 19. _____ | Yes / NO |
| 20. _____ | Yes / NO |