

NO SPEND CHALLENGE

INSTRUCTIONS: CHECK OFF OR COLOR IN EACH BOX FOR EVERY DAY YOU DON'T SPEND MONEY ON NON-NECESSITIES FOR ONE MONTH. YOU GOT THIS!

START DATE:

STARTING SAVINGS:

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

END DATE:

ENDING SAVINGS:



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WHAT DID I LEARN ABOUT MYSELF DURING THE NO SPEND MONTH?

WHAT DID I LIKE ABOUT THE NO SPEND CHALLENGE?

ARE THERE ANY LONG-TERM CHANGES I WANT TO MAKE AS A RESULT OF THE CHALLENGE?

WHAT WAS THE HARDEST PART ABOUT THE NO SPEND CHALLENGE? IS THERE ANYTHING I WOULD DO DIFFERENTLY NEXT TIME?