

7 (U) **POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

--- SUPPORT ---
THE HEART FUND

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Fill in items below and complete instructions on other side, if applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.

RETURN TO ↙

REGISTERED NO.	NAME OF SENDER <i>Harold Weisberg</i>
CERTIFIED NO. <i>296513</i>	STREET AND NO. OR P. O. BOX
INSURED NO.	CITY, STATE, AND ZIP CODE <i>Hyattstown Md 20734</i>

POD Form 3811 Sep. 1963

C55-16-71548-6-F

INSTRUCTIONS TO DELIVERING EMPLOYEE

Deliver *ONLY* to addressee Show address where delivered
(Additional charges required for these services)

RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)
Alan Livingston

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
Carl A. Wain

DATE DELIVERED <i>2/27/67</i>	SHOW WHERE DELIVERED (only if requested)
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C55-16-71548-5-F GPO