

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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



PLEASE SAY YES
TO THE NEW
MARCH OF DIMES

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.

← RETURN
TO

685-16-31618-10
POD Form 3811 Apr. 1967

NAME OF SENDER

Harold Weisberg

STREET AND NO. OR P.O. BOX

Rt 8

POST OFFICE, STATE, AND ZIP CODE

Frederick, Md. 21701

1970
21701

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*

CERTIFIED NO.

372714

1

Carl Hansen

INSURED NO.

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

1-24-70

3

SHOW WHERE DELIVERED *(only if requested)*