

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)*