

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NARAL Pro-Choice America  
 c/o Nancy Keenan, President  
 1156 15th Street NW, Suite 700  
 Washington, DC 20005

2. Article Number  
 (Transfer from service label) **7011 2970 0000 2445 4864**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*K. Jones*

B. Received by (Printed Name)  Date of Delivery  
*K. Jones*  *11-6-12*

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:

Choice USA  
 c/o Kierra Johnson, Executive Director  
 1317 F Street NW, Suite 501  
 Washington, DC 20004


2. Article Number  
 (Transfer from service label) **7011 2970 0000 2445 4857**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  


B. Received by (Printed Name)  Date of Delivery  
*K. Johnson*  *11/9/12*

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:

National Organization for Women  
 c/o Terry O'Neill, President  
 1100 H Street NW, Suite 300  
 Washington, DC 20005

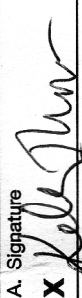
2. Article Number  
 (Transfer from service label) **7011 2970 0000 2445 4871**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  


B. Received by (Printed Name)  Date of Delivery  
*Kelly Jones*  *11-6-12*

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:

EMILY's List  
 c/o Ellen Malcolm, Founder and Chair  
 1120 Connecticut Ave NW, Suite 1100  
 Washington, DC 20036


2. Article Number  
 (Transfer from service label) **7011 2970 0000 2445 4895**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  


B. Received by (Printed Name)  Date of Delivery  
*E. Malcolm*  *11/9/12*

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes