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- 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:

Planned Parenthood Federation of America
 c/o Cecile Richards, President
 434 West 33rd Street
 New York, NY 10001

2. Article Number
 (Transfer from service label)

7008 1140 0001 0333 5929

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Domestic Return Receipt

109

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Kathy Anderson C. Date of Delivery 1/13
 D. Is delivery address different from item 1? Yes No
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3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

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1. Article Addressed to:

National Abortion Federation
 c/o Vicki Saporta, President and CEO
 1660 L Street NW, Suite 450
 Washington, DC 20036

2. Article Number
 (Transfer from service label)

7008 1140 0001 0333 5912

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1. Article Addressed to:

Center for Reproductive Rights
 c/o Nancy Northup, President and CEO
 120 Wall Street
 New York, NY 10005

2. Article Number
 (Transfer from service label)

7008 1140 0001 0333 5905

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A. Signature Agent Addressee
 B. Received by (Printed Name) Luis Castillo C. Date of Delivery 1/10
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

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1. Article Addressed to:

National Network of Abortion Funds
 c/o Stephanie Poggi, Exec. Director
 11 Arlington Street
 Boston, MA 02116

2. Article Number
 (Transfer from service label)

7008 1140 0001 0333 5899

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Deborah C. Date of Delivery 1/13
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Mark Lynde C. Date of Delivery 1/10
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No