

Mike has been ill in the hospital off & on for

Mail this card to all people, businesses and publications who send you mail. For publications, tape an old address label over name and old address sections and complete new address. **COMPLETE ADDRESS PORTION ON FRONT OF FORM with Name, Street Address, City, State and ZIP Code of Individual or Business to whom you are relaying this card.**

*He has Alzheimer's Disease*

Your Name	Print or Type—Last Name, First Name, Middle Initial <b>MALONE, DANDRIDGE M.</b>				
Old Address	No. and Street	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State	ZIP + 4 Code <b>313852</b>			
New Address	No. and Street	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State	ZIP + 4 Code <b>28786</b>			
Sign Here	Signature <i>Dandridge M. Malone</i>	Date new address in effect <b>1/1/95</b>	Keyline No. (if any) <b>15</b>		

CHANGE-OF ADDRESS  
CARD FOR:

Correspondents,  
Publishers and  
Businesses



*Daniel Rose*