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FOIA MARKER

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Series: Alphabetical File
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WHORM Category Code: AF
WHORM Category Name: Alphabetical File

Document Number: 232915
Alpha File Name: Meyer, Nancy W.

ct
EJ
November 15, 1990

Dear Mrs. Meyer:

Barbara and I have learned about your surgery and wanted you to know that we are thinking of you.

These are difficult days for you, but we hope that you will find them eased somewhat by thoughts of how much your family and friends care about you and wish you well. We will be keeping you in our prayers.

Take care and God bless you.

Sincerely,

BUSH A
Mrs. Nancy Meyer
10920 Ramshorn Road
Midlothian, Virginia 23113

GB/JB/JDeC/SMG/emu (11PRESA)
P-4.pf

cc: Marilyn Jacanin

Bush Presidential Library Photocopy

TODAY'S DATE: NOV. 14

STAFF REQUEST FOR PRESIDENTIAL GREETINGS

REQUEST TO: Kathleen Hogan/Ellen Strichartz FROM: (Name) MARILYN JACANIN
 Room 93, IB (Room) NW PHOTO
 ext. 2276 P-4 (Ext.) 4050
Dear Mrs. Meyers:
surgery

PLEASE ALLOW 2 WEEKS FOR PROCESSING

Mark in appropriate box and give additional information as requested
ALL REQUESTS SUBJECT TO FINAL APPROVAL BY SHIRLEY M. GREEN

TYPE OF EVENT (include number of years) Date of Event: _____

RETIREMENT RELIGIOUS ANNIVERSARY WEDDING (indicate first names)
 CHURCH ANNIVERSARY WEDDING ANNIVERSARY INDIVIDUAL'S ANNIVERSARY WITH SAME COMPANY
 BIRTHDAY BIRTH OF BABY INDIVIDUAL'S ANNIVERSARY IN BUSINESS FOR HIM/HERSELF
 FAMILY REUNION CLASS REUNION—include school name and year of graduation
 BAR OR BAT MITZVAH

GRADUATION FROM: Date of Event: _____

HIGH SCHOOL CLASS COLLEGE CLASS INDIVIDUAL'S GRADUATION OTHER (Please Specify)
 NAME OF SCHOOL _____

CONDOLENCES (sent to next-of-kin only): ADOPTION: INFANT OLDER CHILD

ILLNESS (Type - accident, surgery, cancer, etc.) DEATH Child's Name: _____
SURGERY

MAILING ADDRESS FOR LABEL: [complete address including zip code]

Mr. _____

Miss _____

Mrs. NANCY MEYER

Mr. & Mrs. 10920 RAMSHORN ROAD

Dr. MIDLOTHIAN, VA 23113

Ms. _____

MAILING ADDRESS FOR LETTER: [complete address including zip code]

Mr. _____

Miss _____

Mrs. SAME AS ABOVE

Mr. & Mrs. _____

Dr. _____

Ms. _____

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