

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
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OA/ID Number: 40014
FolderID:

Folder Title:
Admin - Forms - Presidential Message Request

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

Today's Date: _____

Date of Event: _____

STAFF REQUEST FOR PRESIDENTIAL ACKNOWLEDGEMENT LETTER

REQUEST TO: Presidential Support
Room 62
Ext. 2304

FROM: (Name) _____
(Dept.) _____
(Room) _____
(Ext.) _____

A MINIMUM OF 2 WEEKS NOTICE IS REQUIRED FOR PROCESSING

ALL REQUESTS ARE SUBJECT TO FINAL APPROVAL BY JIM DORSKIND

Mark ☐ in appropriate box and include any additional comments pertinent to the request in information space below.

TYPE OF EVENT

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| ☐ RETIREMENT
(no. of yrs; name of
co. or govt agency) | ☐ CONDOLENCE
(sent to
next-of-kin only) | ☐ ILLNESS
(type: surgery,
accident, cancer, etc.) |
| ☐ BIRTHDAY
(no. of years) _____ | ☐ GRADUATION
(list name of school
and degree awarded) | ☐ WEDDING
(provide first names) |
| ☐ BIRTH OF BABY
(child's name &
parents first name) | ☐ ADOPTION
(list parents &
child's name) | ☐ BAR OR BAT MITZVAH |
| ☐ WEDDING ANNIVERSARY
(no. of years) _____ | | ☐ OTHER
(please specify) |

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CITY/STATE/ZIP CODE: _____

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MAILING ADDRESS FOR LABEL (include complete address and zip code)

CIRCLE ONE: Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____

INSIDE ADDRESS FOR LETTER (complete address to appear on letter)

CIRCLE ONE: Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____

Today's Date: _____

Date of Event: _____

STAFF REQUEST FOR PRESIDENTIAL ACKNOWLEDGEMENT LETTER

REQUEST TO: Presidential Support
Room 62
Ext. 2304

FROM: (Name) _____
(Dept.) _____
(Room) _____
(Ext.) _____

A MINIMUM OF 2 WEEKS NOTICE IS REQUIRED FOR PROCESSING

ALL REQUESTS ARE SUBJECT TO FINAL APPROVAL BY JIM DORSKIND

Mark ☐ in appropriate box and include any additional comments pertinent to the request in information space below.

TYPE OF EVENT

- | | | |
|---|---|---|
| ☐ RETIREMENT
(no. of yrs; name of
co. or govt agency) | ☐ CONDOLENCE
(sent to
next-of-kin only) | ☐ ILLNESS
(type: surgery,
accident, cancer, etc.) |
| ☐ BIRTHDAY
(no. of years) _____ | ☐ GRADUATION
(list name of school
and degree awarded) | ☐ WEDDING
(provide first names) |
| ☐ BIRTH OF BABY
(child's name &
parents first name) | ☐ ADOPTION
(list parents &
child's name) | ☐ BAR OR BAT MITZVAH |
| ☐ WEDDING ANNIVERSARY
(no. of years) _____ | | ☐ OTHER
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01/02/01

THE WHITE HOUSE
WASHINGTON



MEMORANDUM FOR THE OFFICE OF PRESIDENTIAL MESSAGES

From: Sandra L. Thurman 
Presidential Envoy for AIDS Cooperation, &
Director, Office of National AIDS Policy
(202) 456-2437

Date: December 28, 2000

Re: Inscriptions for Photos – World AIDS Day 2000

Please find attached official White House photos taken with the President on World AIDS Day 2000, as well as two from the event with the Presidential Advisory Council on HIV/AIDS (PACHA). The World AIDS Day event with the President was an integral part of the first White House Interfaith Summit on HIV/AIDS, which highlighted the important role that communities of faith play in the battle against AIDS. This summit was the final piece of the President's LIFE initiative in which the Administration committed to increase US support for fighting this devastating pandemic.

While I realize time is short, I would greatly appreciate it if we could commemorate the remarkable work and dedication of the participants who came from around the world with a signed photo taken with the President. Individual inscription slips are attached to each of the photos. Please call Sarah Holewinski at (202) 395-1441, of my staff should you have any questions. Thank you so much for your kind assistance to this request.

This is all straight -
Names & titles are
the way ONAP
wants them 1/3 EM