GILBERTSVILLE AREA COMMUNITY AMBULANCE SERVICE Subscription Receipt

You may complete this information for your records: KEEP THIS PORTION FOR Date Sent **Amount S** Check No. YOUR RECORDS 123456 Please refer to this number in any correspondence. EMERGENCY CALLS: Serving Douglass, New Hanover and Upper Pottsgrove Townships INFORMATION CALLS ONLY: This proof is submitted to you for checking of the spelling of all copy. It is your responsibility to read and check this proof carefully. Please mark any changes or corrections plainly and sign your name on the line below. While we do 610-367-9191 everything possible to assure a perfect job, we cannot assume responsibility after printing is completed for errors not marked on the proof. Option 206 - Membership ☐ Changes noted Information and Questions Name: ☐ No Changes RESIDENTIAL Date: ☐ Approved with changes Payments can be made online at www.gilbertsvilleems.com. Please note all online payments will include a \$3.00 convenience fee. Detach Here GILBERTSVILLE AREA COMMUNITY AMBULANCE SERVICE Circle the amount of your Subscription & Return this portion **Subscription** Individual Household Senior Citizen Senior Citizen Multi-Generational Request Single Couple Household \$100.00 \$125.00 \$65.00 \$90.00 \$150.00 Make Checks Payable To: Please refer to this number in any correspondence. 123456 GILBERTSVILLE AREA COMM. AMBULANCE SERVICE 91 JACKSON ROAD Please Make Any Necessary Corrections To Name & Address Below GILBERTSVILLE PA 19525 SAMPLE NAME յիկոլիլի իմյիլինիի իրակիրումինի իրանդակիկումի **APT 101** 12345 MAIN STREET SOUTH PARK PA 15129 []-PLEASE CORRECT NAME Please complete back of form \rightarrow 3826 RETURN THIS PORTION IN THE ENVELOPE PROVIDED Detach Here Please detach this card after mailing us your subscription fee. Please retain the Membership Card on this panel and return the center panel with your payment. SUBSCRIPTION CARD Individual Membership - \$100.00 - Anyone 18 years of age or older, living on his or her own. GILBERTSVILLE AREA COMMUNITY AMBULANCE SERVICE Household Membership - \$125.00 - Includes parents and dependent children/step-children up to the age of 24. **EMERGENCY CALLS** SCRIPTION CARD Senior Single Membership - \$65.00 - Anyone 62 years of age or older, living on his or her own. ALL OTHER CALLS 610-367-9191 Senior Couple Membership - \$90.00 - Includes couple

SAMPLE NAME

December 31, 2024

REMOVE AND RETAIN

123456

EXPIRES

with one spouse 62 years of age or older.

and their children living in one household.

Multi-Generational Household - \$150.00 - Includes all

related individuals living as a family unit in one household,

regardless of age. For example: this would include family members of several generations; i.e. grandparents, parents,