

**SECTION TO BE PERFORATED AND RETURNED (FRONT)**

**SHENANDOAH COMMUNITY AMBULANCE ASSOCIATION**

**JULY 1, 2018 – JUNE 30, 2019 SUBSCRIPTION DRIVE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

\$25 SINGLE     \$50 COUPLE     \$60 FAMILY     \$60 BUSINESS

AMOUNT ENCLOSED: \$ \_\_\_\_\_

*Please complete the back of this card and return with donation.*

**SECTION TO BE PERFORATED AND RETURNED (BACK)**

**Please list the names of everyone covered by this subscription donation.**

\_\_\_\_\_  
\_\_\_\_\_  
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**Return this card with your donation to Shenandoah Community Ambulance Association, 220 N White Street, Shenandoah, PA 17976**