

**SHENANDOAH COMMUNITY AMBULANCE ASSOCIATION**  
**JULY 1, 2024 – JUNE 30, 2025 SUBSCRIPTION DRIVE**

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

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

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

\$30 SINGLE

\$60 COUPLE

\$75 FAMILY

\$75 BUSINESS

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

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

**2024-2025**  
**Subscription Receipt**

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

*Make check payable to:*

**Shenandoah Community  
Ambulance Association**

229 N. Main St.  
Shenandoah, PA 17976

*Cut and keep this portion for your records*



**Thank You!**

Shenandoah EMS  
229 N. Main St.  
Shenandoah, PA 17976

**EMERGENCY 9-1-1**

**NON-EMERGENCY  
570-462-0500**

**ROUTINE TRANSPORTS  
570-462-8214**

**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, 229 N. Main Street, Shenandoah, PA 17976**

**[www.shenems.org](http://www.shenems.org)**