

Exeter Twp Fire Dept EMS 2017  
**Ambulance Subscription Membership Program**

COMPLETE AND KEEP THIS PORTION FOR YOUR RECORDS

Date Sent \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Membership Expires: December 31st, 2017



Thank you for you participation!

KEEP THIS PORTION

RETURN THIS PORTION

Perf here ↑

Exeter Twp Fire Dept EMS 2017

**Ambulance Subscription Membership Program**

Check the subscription program you wish to obtain and RETURN THIS PORTION with the envelope provided

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Make Checks Payable To:  
**Exeter Township Fire Department**

Pay via Credit Card:

\_\_ Visa \_\_ MC \_\_ Discover \_\_ AMEX

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

CSC# (3 digits on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

Please select one:

Fold here ↑

- \_\_ INDIVIDUAL MEMBERSHIP.....\$35.00
- \_\_ HOUSEHOLD MEMBERSHIP.....\$50.00
- \_\_ ADDITIONAL DONATION.....

For household membership, please list all legal residents of the address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exeter Twp Fire Dept EMS**  
P O Box 3827  
Reading, PA 19606



Subscribe and pay online quickly and securely at:  
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*Thank You For Your Support!*