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|--|----------------|--|----------------|
| <input type="checkbox"/> FAMILY MEMBERSHIP | \$85.00 | <input type="checkbox"/> SINGLE SENIOR (60 & OVER) | \$50.00 |
| <input type="checkbox"/> SINGLE MEMBERSHIP | \$68.00 | <input type="checkbox"/> SENIOR COUPLE | \$68.00 |

PHONE NUMBER: () _____ - _____

EMAIL: _____

MUNICIPALITY _____

DONATION: _____

TOTAL ENCLOSED: _____

CHECK #: _____

Please make necessary corrections to name and address below.

Your support helps us provide life saving community care.

Please make checks payable to:
LANCASTER EMS



28 Years of Gold Standard Care

1829 Lincoln Highway East, Lancaster, PA, 17602

Emergencies Dial 9-1-1

For membership questions, call 717-872-4688 ext 231

2025 Membership

AMOUNT: _____ CHECK #: _____

KEEP THIS PORTION FOR YOUR RECORDS

The *future* at Fairview

Consider an **extra donation** this year for our Fairview Avenue Building project!

As you may be aware, **Lancaster EMS is expanding** to meet the growing demand for our services, with a **new headquarters** under construction at 715 Fairview Avenue. This facility will enhance our ability to respond swiftly, maintain our fleet, and provide top-notch training and community care, ensuring we **continue delivering exceptional service** to our community.



List residents at this address you wish to cover for membership.

First Name	Last Name	MI	Jr./Sr./III	D.O.B.

If paying by credit card, also complete the section below.

Charge my membership of \$_____ with a donation of \$_____ to my:

VISA

MASTERCARD

DISCOVER

Card Number _____

Security Code _____ Exp. Date _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____