



PLEASE COMPLETE AND RETURN THIS SUBSCRIPTION CARD BY JANUARY 31, 2025.

MILLERSTOWN FIRE DEPARTMENT & AMBULANCE LEAGUE - 2025 Annual Subscription Request -



Name _____

Spouse _____

Address _____

Phone # _____

Children's name and Ages (List Below)

Request for Subscription

Please check the applicable box below

- Guest Subscription \$25.00
- Single Subscription \$100.00
- Family Subscription \$125.00
- Donation Ambulance \$ _____
- Donation Fire Department \$ _____

TOTAL

\$ _____

*After Jan. 31, 2025 rates will increase an additional \$10.00.
Single \$110.00, Family \$135.00, Guest \$35.00*

**Make check payable to: Millerstown Ambulance League
P.O. Box 34, Millerstown, PA 17062**