



PLEASE COMPLETE AND RETURN THIS SUBSCRIPTION CARD BY JANUARY 31, 2026.

MILLERSTOWN FIRE DEPARTMENT & AMBULANCE LEAGUE – 2026 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, 2026 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**