

# CHICORA FIRE DEPARTMENT AMBULANCE SERVICE

# • 2011 •

## Annual Subscription Drive

Please circle amount of contribution in boxes below:

<p><b>Family Plan</b> <b>\$35.00</b></p>	<p><b>Individual Plan</b> <b>\$25.00</b></p>
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**Make checks payable to Chicora Fire Dept. Ambulance Service**



CHICORA FIRE DEPT EMS  
PO BOX F  
CHICORA PA 16025-0406

Head of household \_\_\_\_\_  
 \_\_\_\_\_  
 List others in household \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference No.

Kindly change name/address as indicated above.