



POINT PLEASANT - PLUMSTEADVILLE

Emergency Medical Services

2025 Subscription Rates:

For payments via PayPal, please include your membership type along with your reference number and address.

- Single Rate.....\$65.00
 - Family Membership Rate\$110.00
 - Senior Individual Rate (62 & Over).....\$40.00
 - Additional Tax-Deductible Donation.....\$ _____
- Total Amount Enclosed \$ _____

Reference No. _____

Visit our secure website to use:



www.medic124.org



Please make necessary corrections to name and address.

SUBSCRIPTION FORM

Please make checks payable to:
Point Pleasant - Plumsteadville EMS or PPEMS

and mail to:

P.O. Box 391

Plumsteadville, PA 18949

Info: (215) 766-7285 • Billing: (877) 214-6018

Reference No. _____

Please tear along dotted line and keep this stub for your records.

POINT PLEASANT PLUMSTEADVILLE

Emergency Medical Services

2025

Name: _____

\$ _____

AMOUNT

Thank you for your tax free contribution!

EMERGENCIES: DIAL 9-1-1

Valid: January 1st, 2025 - December 31st, 2025

PLEASE COMPLETE AND RETURN THIS PORTION.

KEEP THIS PORTION

