

**BACK MOUNTAIN REGIONAL EMS**

**You may complete this information for your records:**

Date Sent \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_

← Please refer to this number in any correspondence.

*Crews staffed 24 hours a day,  
365 days a year!*

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*Please send your donation today!*

**Subscription Receipt**

• 2018-2019 •

**KEEP THIS PORTION FOR  
YOUR RECORDS**

**ALL EMERGENCY CALLS:**

**9 - 1 - 1**

**INFORMATION CALLS ONLY:**

**570-675-0636**

**WWW.BKMTREGIONAL.COM**

**BACK MOUNTAIN REGIONAL EMS**

**Circle the amount of your Subscription & Return this portion**

**HOUSEHOLD**

\$30.00

**OTHER AMOUNT**

\$ \_\_\_\_\_

Please refer to this number  
in any correspondence.

*Please Make Any Necessary Corrections To Name & Address Below*



**E-mail Address:** \_\_\_\_\_

**RETURN THIS PORTION IN THE ENVELOPE PROVIDED**

• 2018-2019 •

**Subscription  
Request**

**Make Checks Payable To:**

BACK MOUNTAIN REGIONAL EMS  
PO BOX 41  
DALLAS PA 18612



-PLEASE CORRECT NAME

-SEND VOLUNTEER INFORMATION

**!!! WE NEED YOUR HELP !!!**

Enclosed is your 2018-2019 Subscription Card.  
**Why should I subscribe?** The answer is in the  
following example:

|   |          |
|---|----------|
| Cost of the average ambulance call:                   | \$800.00 |
| Average insurance reimbursement:                      | \$400.00 |
| Balance due to <b>Back Mountain<br/>Regional EMS:</b> | \$400.00 |

|                             |          |
|-----------------------------|----------|
| <b>Subscriber pays:</b>     | \$ 0.00  |
| <b>Non-subscriber pays:</b> | \$400.00 |

*Please detach this card after  
mailing us your subscription fee.*

**SUBSCRIPTION CARD**

BACK MOUNTAIN REGIONAL EMS

**EMERGENCY CALLS 9 - 1 - 1**

**ALL OTHER CALLS 570-675-0636**

**EXPIRES June 30th, 2019**

**REMOVE AND RETAIN**