

HEPBURN TWP. VOLUNTEER FIRE CO. EMERGENCY MEDICAL SERVICE DIV.

Annual Subscription Drive

Please circle amount of contribution in boxes below

Individual \$35.00	Family \$55.00	Business \$75.00	OTHER AMT. _____
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Make Checks Payable to:



HEPBURN TWP VOL FIRE CO EMS
PO BOX 256
COGAN STATION PA 17728-0256

• **2008** •

Please contact me about volunteering!

Name: _____

Phone: _____



Information Calls: 570-494-0411

For Emergencies DIAL 9-1-1

Kindly change name/address as indicated above.