



SHELBURNE RESCUE

PO Box 254
Business # 985-5125 Fax # 985-5128
Shelburnerescue05482@gmail.com
Shelburnerescue.org
Dedicated to the Community
1988 - 2016

To The Residents of Shelburne,

Thank you for your continued, generous support of Shelburne Rescue. We are honored to be serving the Town of Shelburne and its surrounding communities. We continue to strive for excellence in our service to you, our community.

Shelburne Rescue's Subscription Plan will help to eliminate any out-of-pocket expenses to you, our patients. We will bill insurance carriers for all patients that are transported by Shelburne Rescue. Our Subscription Plan will cover most policy deductibles and co-payments related to transport. If, in the event that you do not have medical insurance, our plan will cover any fees that may be generated through services provided by Shelburne Rescue.

Our Subscription Plan applies to you and the members of your household from July 1, 2016 thru June 30, 2017. The cost is \$35 per household.

Shelburne Rescue continues to provide twenty-four hour, year round service to the Town of Shelburne, regardless of ability to pay.

Please complete and mail the attached application along with your \$35 today.

Thank You!
The Members of Shelburne Rescue

Subscription Application 2016 - 2017

Shelburne Rescue
PO Box 254, Shelburne VT 05482
Business # 985-5125/Fax # 985-5128

Principal Subscriber _____

Mailing Address _____

Full name of household members, to be included, other than myself, on this subscription.

Name _____

Name _____

Name _____

Name _____

In addition to the subscription fee, I wish to make a tax deductible donation of _____ \$

Subscriptions and insurance fees do not cover all our expenses, any tax-deductible donations are appreciated.

