



# SHELburne RESCUE



PO Box 254

Business # 985-5125 Fax # 985-5128

Dedicated to the Community

1988 - 2005

Dear Shelburne Residents,

In February we received our new Ambulance! We were able to fund this purchase totally through Insurance billings, subscriptions and donations. **THANK YOU!**

Your support is very important to us!

As you can see it's subscription time again. 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, 2005 thru June 30, 2006. The cost is \$35 per household.

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

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

Thank You!

The Members of Shelburne Rescue

## Subscription Application 2005 - 2006

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

Principal Subscriber \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Attach list of names, if more space is needed.

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.