

**Support EMS with a "GIFT"  
that shows you care.**

Not sure if your "gift recipient"  
lives in Citizens' service area?

Phone: 724-349-5511  
or 800-655-2343



**Citizens' Ambulance Service, Inc.**

PO Box 237 • 805 Hospital Road  
Indiana, PA 15701



**Gift Membership is for:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Household - Single or Family      \$75.00

Senior Household - Single or Family      \$65.00

*Senior rate applies to age 62 and above.*

Membership cards and the Terms of Membership  
will be mailed to the above household.

Please call if you have any questions.

**Gift Membership Payment information:**

Payor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Payor's Address \_\_\_\_\_

*Your complete address, must include city, state and zipcode)*

**PAYMENT METHOD:**

Mastercard       VISA       Discover       American Express

Credit Card # \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_ Security Code \_\_\_\_\_

**OR:** Cash \$ \_\_\_\_\_ Money Order \_\_\_\_\_ Check # \_\_\_\_\_

**Purchase your gift membership online: [www.citizensambulance.org](http://www.citizensambulance.org)**