



**Tri-Community
South EMS**

2019

**Subscription
Program**

Household Subscription: \$60.00
Donation (Optional) \$ _____
Total Enclosed \$ _____

Check Enclosed
Check #: _____

Credit Card Payment
Complete the back of this card.

Phone #: () _____ - _____

**Make checks payable to:
Tri-Community South EMS**

5490 Progress Boulevard
Bethel Park, PA 15102
Business Office: (412) 831-3710 Ext. 501

**Subscribe and pay online at:
www.tcsems.org**

**2019 Tri-Community
South EMS**



Name: _____

Check #: _____

Valid: January 1, 2019 - December 31, 2019

Please make necessary corrections to name and address

RETAIN THIS CARD