



# Glover Ambulance Subscription sign up form

P.O. Box 64, W. Glover, Vermont 05875

<b>Option #1</b>	<b>\$30.00</b>
Subscription for Emergency service "911" sign included	
<b>Option #2</b>	<b>\$25.00</b>
Subscription for Emergency service "911" sign <u>NOT</u> included	
<b>Option #3</b>	<b>\$15.00</b>
"911" sign only	
<b>Option #4</b>	\$ _____
Straight donation Enter your amount to the right	

Cash \_\_\_\_\_    
  Check # \_\_\_\_\_    
 Total Amount Donated: \$ \_\_\_\_\_  
 Donation Date: Mo/Yr \_\_\_\_\_ / \_\_\_\_\_    
 Expiration Date: Mo/Yr \_\_\_\_\_ / \_\_\_\_\_

**Please provide the following information to complete your subscription to,  
Glover Volunteer Ambulance.**

Head of household name; \_\_\_\_\_

Address; \_\_\_\_\_

City, State Zip, \_\_\_\_\_

Phone number; \_\_\_\_\_

Name of occupants living in home; \_\_\_\_\_

Directions to your home; \_\_\_\_\_

**Check this box if you would like a member to call you to answer any questions you may have.**