

ANNUAL DONATION DRIVE

INDIVIDUAL \$35.00

HOUSEHOLD \$70.00

Business enrollment is \$120.00 for the first twenty-five (25) employees, plus an additional \$60.00 for each twenty-five (25) employees above that staff size. The same rules apply for billing of the employees' health insurance with the business contribution covering anything not paid by health insurance.

We certainly hope that we can count on your contribution again this year. It is greatly needed and appreciated so that we can continue to provide the best quality emergency medical and rescue services when you need them.

Charlestown Ambulance



and Rescue Service

2019-2020

CHARLESTOWN AMBULANCE WILL PROVIDE **EMERGENCY SERVICE** with transportation to the closest appropriate facility. Contributors must live in the Charlestown area or adjacent community. The ambulance service also must start or end in these communities. Emergency services will be provided when Charlestown Ambulance Service is directed by police, doctors, or emergency requests.

CHARLESTOWN AMBULANCE WILL PROVIDE **ROUTINE AMBULANCE SERVICE** within 100 miles of Charlestown. Routine ambulance service must be medically necessary and must be scheduled twenty-four (24) hours in advance. Routine services may be subcontracted at no cost to the contributor. Routine service by Charlestown Ambulance must be at the direction of a physician, hospital or other health care facility.

CHARLESTOWN AMBULANCE WILL PROVIDE **ROUTINE AMBULANCE SERVICE** to points outside the 100 mile radius and will charge additional mileage fees not covered by this contribution. The ambulance will not be delayed more than the normal time it takes to load and/or unload the patient.

CHARLESTOWN AMBULANCE reserves the right to submit a claim to the contributor's insurance carrier and agrees to accept assignment at **no further cost to the contributor**.

Emergency and routine ambulance service to non-contributors will be subject to additional fees that may not be fully covered by health insurance.

Charlestown Ambulance **will not** provide transportation to hospitals or other health care facilities for elective diagnostic procedures, or to any treatment or therapy facility on a continuing basis.

*PLEASE REMEMBER TO MAIL IN YOUR CONTRIBUTION TODAY...
HELP US PROVIDE OUR COMMUNITY WITH
THE BEST EMERGENCY SERVICES!*

YOUR PRESENT CARD EXPIRES MARCH 31, 2019
QUESTIONS? CALL (401)364-3742

PLEASE MAIL YOUR CHECK OR MONEY ORDER & COMPLETED MEMBERSHIP CARD TO:
CHARLESTOWN AMBULANCE RESCUE SERVICE
P.O. Box 346
Charlestown, RI 02813
Your Cancelled Check is Your Receipt.

RETURN THIS PORTION WITH CHECK OR MONEY ORDER

Name _____	D.O.B. _____
Street _____	P.O. Box _____
Town _____	Zip _____
Phone _____	

*has donated the sum of (☐ \$35 Single, ☐ \$70 Family, ☐ \$120 Business) for which the **CHARLESTOWN AMBULANCE RESCUE SERVICE** agrees to give its ambulance service within the rules and regulations of this organization to the above and his/her listed family members (below) residing at the above address.*

<i>Name of Family Member</i>	<i>Birth Date</i>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____