# **DONATION OPPORTUNITIES**

We are asking for your support to make our new ambulance facility a reality. Please register your support or consider a donation to WCAA. Any donation, no matter how small, will make a difference!

Our current ambulance facility is outdated and no longer meets the needs of our growing community. The facility has significant maintenance issues and does not have the space for our crews as we have vastly grown over the years!

Although your subscription is not tax deductible, your donation is! WCAA is a nonprofit 501(c)(3) organization that relies on the generous support of its residents. Any contribution above the subscription fee is considered a tax-deductible donation. Your subscription fee and tax-deductible donation enable WCAA to provide rapid and reliable high quality advanced life support to you and your loved ones in the most serious of situations.

Donate online at: https://whitemarshems.org/#donate or use the QR code below:



The official registration for Whitemarsh Community Ambulance Association may be obtained from the Pennsylvania Department of State by calling toll-free (800) 732-0999 or online at https://www.charities.pa.gov. Registration does not imply endorsement.

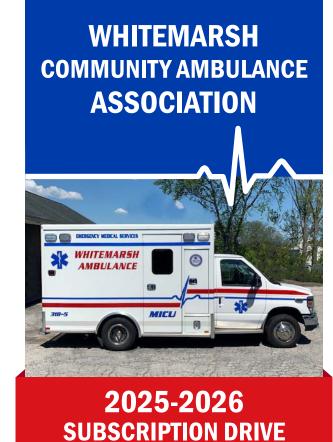
Find us on 😝

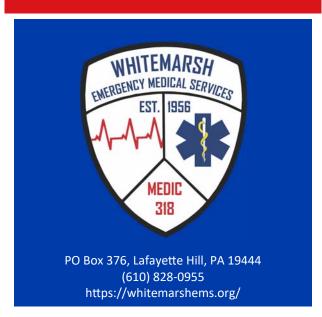
@WhitemarshCommunityAmbulanceAssociation





Annual Ambulance Subscription Drive **IMPORTANT!** 





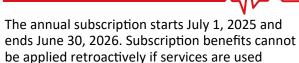


my insurance payment of information billing

# **BENEFITS**

- Patient Assist: Two (2) per year (\$500 value).
- Treatment without Transport: Two (2) per vear (\$500 value).
- 911 emergency transport to the closest appropriate hospital: After insurance payment and deductibles and copays are met, balance is covered.
- Subscribers without private health insurance receive a 25% discount on service fees.

# **EFFECTIVE DATES**



# **CATEGORIES**

INDIVIDUAL: \$65.00

before payment is received.

- FAMILY: \$100.00 (Up to 2 persons over the age of 18 living in the same household along with all dependent children as defined by the IRS)
- 65 OR OLDER SINGLE: \$45.00 • 65 OR OLDER COUPLE: \$60.00

# **SIGN UP & PAY ONLINE!**



Visit https://www.ambulancebillingoffice.com/ subscriptions/wcaa to subscribe online and pay via credit card. VISA See NEWS

### 2025-2026 Subscriber Record Expires June 30, 2026

P. 1111 1117 11	
Check #	
Date	
Amount	
Subscription Category	

## **ABOUT US**

You are a vital link in our lifesaving team. To continue providing quality care, and offset rapidly escalating costs, we need your support!

Whitemarsh Community Ambulance Association (WCAA) has been providing emergency care to the residents of Whitemarsh Township since 1956. We are committed to providing the highest quality ambulance service to all residents and visitors of our area.

We are a non-profit organization without dedicated tax-dollars for support. We rely on subscription drives like this, as well as other types of fundraising efforts throughout the year. We also bill for our services (third party billing), in order to recoup as much of our expenses as possible, so that we can continue to provide high quality EMS care.

In 2024, we had a record year, handling 5,152 calls, including 3,325 emergency 911 calls and 1,827 transports.

## **MEET TEDDY!**



For years, we've sent this important message about a critical 9-1-1 call and how crucial your support is. We also want you to know other ways we can support our community.

Whitemarsh Ambulance is dedicated to our community beyond the dispatch for 9-1-1. We are willing and able to aid our community with CPR, first aid and other classes aimed at keeping us all safe. Set up a class or come meet our staff including Teddy, our emotional support/certified therapy, hypoallergenic goldendoodle. Please reach out to us at WCAA318@WHITEMARSHEMS.ORG or call us at 610-828-3056.

The Officers, Staff, and Board Members thank you for your continued support!

# Family Over 65 Single Over 65 Couple Additional Donation Total

Ambulance Association, PO Box 376, Lafayette Hill, PA 19444 ields below and sign the billing authorization on the back.

Complete all applicable fields below

2026

**COMMUNITY AMBULANCE ASSOCIATION** 

Date of Birth	
oer Names (First /Last Name)	