



**Average cost \$35,000**

Lithium-Ion battery powered Cardiac Monitor/Defibrillator/Pacemaker

## FACT OR FICTION

When you dial 911 for an emergency an ambulance will respond.

**FACT**

Your tax dollars pays for the ambulance service you receive.

**FICTION**

Your address determines which ambulance service responds.

**FACT**

The Affordable Care Act pays 100% payment for Ambulance calls.

**FICTION**

Your ambulance bill may not be paid by your insurance plan due to co-pays and deductibles.

**FACT**

**Northern Valley EMS covers areas of Lowhill township, ALL of Heidelberg, North Whitehall and Washington townships and boroughs of Slatington and Walnutport.**

Keep this for your Tax Records:

Amount Paid      Check#      Date

Subscription good through 2015

**NORTHERN VALLEY**



**EMS**

**MEMBERSHIP CARD**

## NOVA Auxiliary 2015 Calendar

January 2015	Apple Dumplings Sale
February 2015	Cherry Pie Sale
March 2015	COMEDY NIGHT DINNER AND SHOW
April 2015	Shoofly Pie Sale
April 2015	Easter 4-5
April 2015	Paska Bread Sale
April 2015	Bazaar with Baskets
May 2015	Primary Election Bake Sale
July 2015	Chicken BBQ eat in or take out
September 2015	Shoofly Pie Sale
October 2015	Apple Dumping Sale
November 2015	Election Day Sale: pies, breads, soups and sandwiches
November 2015	Thanksgiving Sale: Bacon dressing, Filling and Nut Bread.

**Banquet Hall Rental Inquiries**

**Call 610-262-1075**

# HEIDELBERG TOWNSHIP

# SUBSCRIPTION CAMPAIGN

## NOVA '15

Northern Valley Emergency Medical Services, Inc.

For information on Non Emergency Medical Transports, please call our Business Office at 610-262-1075

2375 Levans Road  
Coplay, PA 18037-2202



# '15

We invite you and your family to become subscribers of Northern Valley Emergency Medical Services for 2015. Your donation as a subscriber is tax deductible and benefits the entire community.

### Did you know...

NOVA is a non-profit organization with an operating budget of more than one million dollars. Recent changes to health care have reduced income while operating cost continue to rise. Subscriptions and donations make it possible for NOVA to provide service to your community.

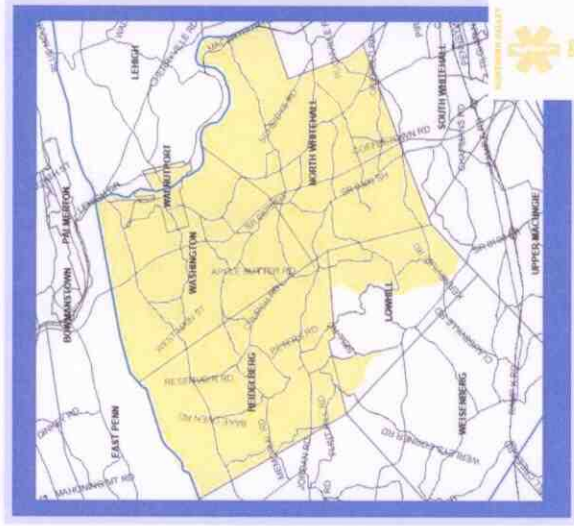
As a subscriber, you will not be billed for balances owed on services that are partly covered by your insurance plan.

During 2015, NOVA will respond, within minutes, to over 3,000 basic and advanced emergency medical calls. More than half will be life threatening.

NOVA provides training in AED use, First Aid, and CPR for the community, local police and volunteer fire companies. Health and safety seminars are available to local schools and volunteer organizations, courtesy of NOVA.

**“Caring” is what we do best!**

## NOVA COVERAGE AREA



## NOVA NEEDS YOU!

Your donation and subscription is critical to the continued operations of NOVA. Without your support we would not be able to meet the financial needs of the organization. Insurance payments alone are no longer enough to cover the costs associated with maintaining and fully equipping each ambulance with state-of-the-art equipment needed to care for your emergency.

Additionally, payroll costs continue to increase as fewer volunteers are available to meet our staffing requirements. If you are interested in volunteering or learning more about our volunteer program or Auxiliary, please contact the NOVA business office at 610-262-1075.

To subscribe, complete the Subscription Form and mail it with your check.

**Thank you for your continued support!**

## SUBSCRIPTION FORM

For all Northwestern Ambulance subscribers: NOVA will honor your 2015 subscription and also will honor lifetime subscribers through December 31, 2015 (With proof of subscription).  
Household Subscription: **\$55.00**

If you need more space than provided, please list on a separate paper & enclose with your check

\_\_\_\_\_  
Last Name First Name

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Last Name First Name

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Last Name First Name

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Household Address

\_\_\_\_\_  
Phone#

Donation: \$25 \$50 \$100 \$250 \$500 Other \$ \_\_\_\_\_

Those who make a donation of \$250 or more, will receive a Certificate of Appreciation

Subscription Total \$ \_\_\_\_\_

Donation Total \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

(Check or Credit Card)

Name on Credit Card \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Visa  MC  AMEX  Discover

Remember to check with your employer for Matching Funds Programs and to list NOVA as your United Way designated agency. Make your contribution go even further.

# ANNUAL SUBSCRIPTION INFORMATION