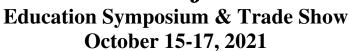


EMS Council of New Jersey





Ad Journal Individual Patron Listing

Must be returned by August 15, 2021

PLEASE PRINT \$1.00	per Name PLEASE PRINT
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.
Total Enclosed Number of Namesx \$1.00 =	
PAYMENT MUST BE INCLUDED	
CONTACT NAME:CONTACT PHONE:CONTACT PH	
Or Credit Card*VisaMasterCard	
Card Number	Expiration Date *Security Mo. / Yr. Code
	*4 th Digit for Amer Expr.
CARDHOLDER'S SIGNATURE * Cardholder authorizes the payment of this invoice identified above, and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer.	

MAIL TO: Sue DeWitt Phone: 973-239-2515

2 Halsted St

Verona, NJ 07044 Email: sue.dewitt@emscnj.org

PLEASE RETURN THIS FORM WITH CHECK.

There will be a \$25.00 charge for any check returned to the Council.