

YARDLEY-MAKEFIELD *Emergency Unit*

1140 Edgewood Road • Yardley, PA 19067



NONPROFIT
ORGANIZATION
U.S. Postage
PAID
Permit No. 7477
Philadelphia, PA



2026 Ambulance Membership

Hello Neighbors,

Enclosed please find your 2026 Yardley-Makefield Emergency Unit subscription application.

Our subscription plan is a \$75.00 payment per household that will cover out-of-pocket expenses except for any amount due as part of an insurance deductible or co-pay.

Most insurance plans including Medicare do not cover 100% of the costs for ambulance services. Participation in this program ensures that you will not be responsible for paying the high out-of-pocket costs associated with the 9-1-1 emergency ambulance service provided by Yardley-Makefield Emergency Unit.

With this payment, four medical assists are covered at no additional cost. That means if you need our assistance but do not require transport to the hospital, we will come to your home, do what is necessary to aid, and comfort you at no additional cost to you.

We would like to let you know that Yardley-Makefield Emergency Unit operates as a 501(c)(3) non-profit organization. The money collected through this plan directly supports the day-to-day operations of this organization so that we may serve the community by being there for you 24/7 at a moment's notice.

Please protect yourself and your family today by completing the subscription application and return it with your payment. Yardley-Makefield would like to thank our community for supporting us wholeheartedly!

Sincerely,

***The Members of the
Yardley-Makefield Emergency Unit***

Find us on  

Scan Here to



Visit Us Online

2026 Ambulance Membership



Reference No.

Expiration Date: December 31st, 2026

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Detach and return this portion with your subscription.

YARDLEY-MAKEFIELD Emergency Unit

2026 Ambulance Membership



Make checks payable to Yardley-Makefield Emergency Unit

Members	Additional Donation	Total
\$75.00	\$ _____	\$ _____

You can also donate via our website www.ymeu.org

Please charge my: _____
for the amount indicated

Check _____
Enclosed _____

Security Code: _____

Signature: _____ Expiration Date /

Phone: _____ Email: _____

Reference No. _____



YARDLEY-MAKEFIELD EMERGENCY UNIT
1140 EDGEWOOD RD
YARDLEY PA 19067-1605

Kindly change name/address as indicated above.