

Cerro Gordo Community Ambulance Service

We hope you will join us in keeping this service available to the community. Just complete the information below and mail it with your **\$60.00** membership fee to:

Cerro Gordo Community Ambulance
PO Box 181
Cerro Gordo, IL 61818

YOUR NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

THANK YOU!