



# BALDWIN · PLEASANT HILLS · WEST MIFFLIN PARAMEDIC RESCUE



One Readshaw Way • Pittsburgh, PA 15236  
Office: (412) 884-0666 • Emergencies: Call 9-1-1

## *We Continue To Need Your Help.*

Dear Neighbor,

The Healthcare Crisis has been challenging for everyone. The effects of this public health crisis have not escaped your community emergency medical service, **Baldwin/Pleasant Hills/West Mifflin/Whitaker Paramedic Rescue**.

Our frontline first responders have continued to respond to daily calls for service during this longer than anticipated crisis. As a result, we have been hit hard with increased expenses necessary to acquire Personal Protective Equipment (PPE) and numerous other items essential to providing quality patient care in response to this public health crisis.

Despite the enormous financial and operational challenges, we have maintained consistent quality of care and rapid response times by expanding our clinical staff, conducting additional training and staying ahead of this extraordinarily challenging situation.

As our community continues to recover, the challenges for YOUR EMS continue to grow. We want to be here for you, your loved ones, and for every person in the communities we serve. We promise your donation to the **2022 Project Readiness Capital Campaign** will make a world of difference.

Thank you,

Your Baldwin EMS Community Board of Directors, Paramedics, EMT's and Administrative Staff

The official registration and financial information of Baldwin EMS may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



### Donation Payment Options:

- (1) **Check** (*Make payable to Baldwin EMS*)
- (2) **Credit Card** (*Visit [www.baldwinems.com](http://www.baldwinems.com) or complete the section below*)
- (3) **Scan QR code** to access online payments

## *2022 Project Readiness Capital Campaign*

Please accept my donation of:

- ☐ \$150    ☐ \$100  
☐ \$75    ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on credit card

To pay by credit card, please complete the following (or call us to process your card):



Card Number



Exp. Date   /   Sec. Code

\_\_\_\_\_  
Cardholder Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address (for receipt)

(        ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

Please make necessary corrections to name and address.

*Thank You For Supporting Your Paramedics!*