



Lifeline Service
Keep this tab for your records

Amount Due\$ _____
For Month of _____ YR- 20____
Date Sent Payment _____
Check # _____



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Amount Due\$ _____ For Month of _____ YR- 20____
Subscribers Name: _____

Make **checks payable to Lifeline** and mail to the following address:



Lifeline, Kossuth Regional Health Center
1515 S. Phillips St.
Algona, IA 50511



Remember to test your Lifeline each month by pressing your button!

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