Worcester County Motorcyclists' Survivors Fund PO Box 536 North Uxbridge, MA. 01538 wcmsfund.org

WCMSF, Inc. a nonprofit corporation

Introduction:

This WCMSF, Inc., is a 501c(3) nonprofit organization, comprised entirely of volunteers, that raises funds through donations, events, raffles and organized rides, to assist local families of motorcyclists injured or killed in motorcycle accidents in need.

We pay directly to service providers.

Our assistance may be financial, generally by paying household bills directly to the providers, for 2-4 months of IMMEDIATE need, and/or we will provide you with other resources that may be available to you as the first step to help fill that immediate need.

The WCMSF, Inc. also promotes motorcycle awareness and rider training, attempting to educate and reduce motorcycle accidents and injuries.

If you would like to apply for assistance, please complete the enclosed Affidavit and submit to one of our Board Members, or mail back to us at:

Worcester County Motorcyclists' Survivors Fund, Inc. P.O. Box 536, North Uxbridge, MA 01538

If you need assistance, a volunteer from the WCMSF is always available to assist in completion of the application. Upon submission of an application, a volunteer 'case manager' will be appointed to assist you in any way we can.

If you have any questions in the application process, please email : info@wcmsfund.org

Affidavit in Support of Request for Financial Assistance from the Worcester County Motorcyclists' Survivors Fund, Inc.

w соп	nes			of		
	W comes(Print name of Applicant)				(Address)	
(0	(City) (State) (Zip		(Zip)	(Phone)	(E-mail)	
behal	f of motor	cyclist,		0		
		(P)	rint name of rec	ipient or family member	(Address)	
(0	City)	(State)	(Zip)	(Phone)	(E-mail)	
I b a ma	h		og follom			
i nere	by swears	(or affirms)	as follow:			
1.)		0	-	-	serious injury or death of a etts. The date of his/her acc	•
	-			County, Massachus	the fut of my net acc	auciit was
2.)	Please provide any supporting documentation.					
3.) The extent of the Motorcyclist's injuries were:						
4.)	In support of this Affidavit, the applicant submits the following information:					
,			_	hildren of Motorcyc	-	
	A.) Nain	e anu age or	uepenuant ci	muten of Wiotorcyc		
	B.) Mont	thly income	of family in n	eed and sources:		
			from the W(MSE Inc. and nur	pose it will be used for:	
5.)	State am	ount sought		Just', me., and put		

()	DI I' /		1 6		
6.)	Please list mo	onthly household	l expenses of	rider's fam	ly in need:

Rent/M	Iortgage		\$	
Food			\$	
Car Pa	yment		\$	
Car In	surance		\$	
Health Insurance			\$	
Utilitie	s		\$	
TOTAL MON	THLY HOUS	SEHOLD EXP	PENSES: \$	
If real estate is	s owed, list pr	esent value \$	and mortgage balance	\$
Vehicles owne	d: Year	Make	Model	Balance Owed
	Year	Make	Model	Balance Owed
			eve the WCMSF Inc., Board shoul	

<u>Statement of Applicant:</u> I hereby certify the information contained in this Affidavit is true and correct, and is submitted voluntarily for the purpose of obtaining temporary financial assistance on behalf of an eligible motorcyclist's family, due to the serious injury or death as a result of a motorcycle accident involving a legal resident of Worcester County in the State of Massachusetts. I understand the review of the WCMSF. Inc., Board is confidential, and their decision is final. Should funds be donated by the WCMSF, Inc., I agree in advance to allow them to list and publish the donation to the family. We agree to acknowledge/promote WCMSF, Inc., in any Events planned on behalf of the family.

Print Name of Applicant:	
Signature of Applicant:	
Date:	
Submitted through Board member:	

NOTE: Board Members meet monthly and on an "as-needed" basis to consider all applications for assistance. All information contained herein is confidential. It shall not be disclosed to any party other than authorized by the Applicant and the Directors of the Worcester County Motorcyclists Survivor's Fund, Inc., while the donation may be publicized.