

Massachusetts Motorcyclists Survivor's Fund, Inc.

P.O. Box 446, Topsfield, MA 01983

www.RidersHelpingRiders.org

MMSF, Inc. a nonprofit corporation

Paul W. Cote, President; Jason Hallock, Vice-President

Dennis Palazzo and Don Rivet, Treasurers, Carol Richardson, Clerk

Introduction:

This MMSF, Inc., is a 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 financial need as a result of that accident, and to promote motorcycle awareness to reduce these accidents. Also, we have been active and involved the past 14 years, and can match families in current need with past families we have assisted.

Generally, the injured or deceased motorcyclists contributed forty percent (40%) or more income to the household.

We do not make cash donations to families. We assist families in need generally by paying household bills directly to the providers, for 1-4 months of IMMEDIATE need, to help the family through the toughest of times.

We will generally organize a "Friends of _____" Memorial Event or Ride, which requires the family's support and participation. The family generally assists us with promoting the Event. The MMSF, Inc., will generally advance up-front Event expenses and be reimbursed from the Event's proceeds, to replenish the available funds for the next victims' families. Proceeds of such fund raising Events have been donated back to the MMSF or to assist the family.

The MMSF, Inc., also uses funds to promote motorcycle awareness and education, 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:

Massachusetts Motorcyclists Survivor's Fund, Inc.

Attn: TREASURER

P.O. Box 446, Topsfield, MA 01983

If you need assistance, a volunteer from the MMSF is always available to assist in completion of the application. Upon submission of an application, two MMSF Board Members will be appointed to contact and meet with the family and/or friends, to begin the process.

***Riders Helping Riders
Bikers Helping Bikers***

**Affidavit in Support of Request for Financial Assistance from the
Massachusetts Motorcyclists Survivor's Fund, Inc.**

**All information contained herein is confidential. It will not be disclosed to any party other than as
authorized by the family of the Applicant**

Now comes _____ of _____
(Print name of Applicant) (Address)

(City) (State) (Zip) (Phone) (E-mail)

on behalf of injured motorcyclist, _____

and hereby swears (or affirms) as follow:

1.) Applicant is seeking financial support as a result of a serious injury or death of a Motorcyclist and a legal resident of Massachusetts. The date of his/her injury was _____.

2.) The extent of the Motorcyclist's injuries were: _____

3.) In support of this Affidavit, the applicant submits the following information:

A.) Relationship to Injured Motorcyclist: _____

B.) Name and age of dependant children of injured Motorcyclists:

C.) Monthly income of family in need and sources: _____

4.) State amount sought from the MMSF, Inc., and purpose it will be used for:

5.) Please list monthly household expenses of rider's family in need:

Rent/Mortgage	\$ _____
Food	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
Health Insurance	\$ _____
Utilities	\$ _____

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ _____

If real estate is owed, list present value \$ _____ and mortgage balance \$ _____

Vehicles owned: _____

Year	Make	Model	Balance Owed
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6.) List other facts/needs (if any) you believe the MMSF, Inc., Board should be aware of:

Statement of Applicant: 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 Massachusetts. I understand the review of the MMSF, Inc., Board is confidential, and their decision is final. Should funds be donated by the MMSF, Inc., I agree in advance to allow them to list and publish the donation to the family. We agree to work with the MMSF, Inc., in promoting 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 which shall not be disclosed to any party other than authorized by the Applicant and the Directors of the Massachusetts Motorcyclists Survivor's Fund, Inc., while the fact a donation made may be publicized.