

WORCESTER COUNTY MOTORCYCLISTS' SURVIVORS FUND  
PO BOX 536  
NORTH UXBRIDGE, MA. 01538  
wcmsfund.org

*WCMSF, Inc. a nonprofit corporation - Board of Directors and Officers:*

*Dave Menard - President, Dave Taylor - Vice President, Deb Ceccarini - Treasurer*

*Cindy Menard, Bob "Bobcat" Jerszyk, Joe Proia*

## **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 do not make cash donations to families.

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 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 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 Worcester County, Massachusetts. The date of his/her accident 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 Motorcyclist: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

4.) State amount sought from the WCMSF, 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

Year	Make	Model	Balance Owed

6.) List other facts/needs (if any) you believe the WCMSF 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 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 work with the WCMSF, 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. 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.*