

# Hartbauer/McBride Memorial Foundation, Incorporated

4870 Taffy Lane - Arnold, Missouri 63010

Phone (636) 282-1127

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## Guidelines for Submitting an Assistance Request

To conform to record keeping requirements of the State of Missouri and the Federal Government, and to enable The Foundation to verify the validity of request for assistance, the following information must be provided in complete detail, in writing. Return all information to the above address.

### 1. Name and Address of person submitting request (Please type or print clearly)

Your Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter or Club affiliation if any (Not Required) \_\_\_\_\_

### 2. Name and Address of person you are requesting for

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter or Club affiliation if any (Not Required) \_\_\_\_\_

**Use additional pages to provide the following information. Please type or print clearly.**

**NOTE:** Your request will be determined based on the information you provide. Failure to provide information will delay response/assistance from The Foundation.

3. Is this person a motorcyclist? (rider/family?) If not, what is the relation to a motorcyclist and how does their situation qualify for assistance from The Foundation? **“Bikers Helping Bikers”**

4. Provide complete details as to the reason and all circumstances regarding this person for The Foundation assistance. Is it due to an accident, illness or other reason? **Is this a TRUE hardship?**

5. Is this person covered by insurance? If not, explain reason; and, if they are covered, explain to what extent or limitation the insurance is providing coverage. **Provide Details.**

6. Provide any and all additional details and information you feel is important and should be considered in regard to this request for assistance.

7. Provide all necessary information you can obtain Hospital, Doctor, Police Report. **If applicable.**

~ Upon receipt of this information, The Board of Directors Chairman will review the information you have provided.

~ If the Chairman needs more specific information, he will contact you and/or the person this request is being submitted for, before passing this information to The Board of Directors for their consideration.

~ After The Board of Directors have made their decision on your request, you will be notified in writing.

~ If you have any questions about submitting a request or are not sure if the situation qualifies for assistance, contact The Foundation at the above address, fax or email.

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On July 8<sup>th</sup>, 1997 the Hartbauer/McBride Memorial Foundation was Incorporated in the State of Missouri as non-for-profit “private Foundation” for the sole purpose of assisting fellow motorcyclists or their family in a time of true hardship within the Greater St.Louis Metropolitan Bi-State area; and, on May 28<sup>th</sup>, 2003 was allocated exemption from Federal Income Tax under section 501 {c} {3} of the Internal Revenue Code.