

Hartbauer/McBride Memorial Foundation, Incorporated

As of 09/25/2023, send ALL Assistance Requests to:

7853 Wolf Rd. Bethalto, IL. 62010

Phone: 314-913-2282

Email: medhurstinc@gmail.com

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 personal needing/requesting assistance (Fillable form or please type or print clearly):

Name _____ Phone () _____ SSN: _____

Street _____ City _____ State _____ Zip _____

Email _____

* Note: Chapter or Club affiliation, if any (Not Required) _____

2. Name and Address of person submitting the request:

Name _____ Phone () _____ Date: _____

Street _____ City _____ State _____ Zip _____

Email _____

* Note: 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 covered 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 has 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 or email.

While we want to help you, here is some additional information you may want to include with your application:

- 1) Hospital Bills
- 2) Household expenses
- 3) Annual Income
- 4) Spouse and Children living with you with ages and Social Security Number for IRS if applying
- 5) Insurance? Motorcycle and Medical with percentages covered
- 6) Assets
- 7) Disposable assets? Cars, trucks, motorcycles
- 8) Employment
- 9) Police Report
- 10) Copy of title or Insurance card with VIN