



Children of Fallen Riders
982 Rt. 59
Antioch, IL. 60002

www.childrenoffallenriders.com
info@childrenoffallenriders.com

Assistance Request

I, _____

Address _____ City _____

State, Zip Code _____ Phone no. _____

do hereby swear and attest that the following information is true and exact. A motorcycle accident occurred:

(date) _____ (time) _____

(location) _____ (city) _____ (State) _____

In which _____ (please check one: Self ___ Spouse ___ Other ___)
 suffered serious injury and/or death.

The applicant also agrees jointly and/or solely to reimburse Children of Fallen Riders for any and all payments made on fraudulent claims. The reimbursement decision is at the discretion of the Children of Fallen Riders. Applicant also agrees to indemnify Children of Fallen Riders against any and all claims, costs and expenses in collecting these funds as shown above

Sign _____ Date _____

Amount of Requested Donation: _____

If you have any questions, please do not hesitate to contact me.

Susan D. Kleiner

President - Children Of Fallen Riders - NFP

FEIN # 27-2199550

Please include the following documentation for our advisory committee.

- A police report of the motorcycle accident.
- Copies of all hospital bills, expense receipts, loss of work confirmation, and any other documents that would validate your request.
- Documentation of all additional sources of income/assistance including but not limited to pensions, health insurance, life insurance, workman's compensation, social security benefits, annuities, and investments.
- Documentation on injured/deceased's immediate family members such as marriage certificates and children's birth certificates to confirm the relationships to the injured/deceased.
- In the event this accident resulted in death, a copy of the death certificate must also be submitted with the request for benefits along with proof of relationship.