

Briefly describe your needs (ie. doctor/hospital bills, wheelchair ramps, home improvements for child's medical needs etc.) NOTE: If you are requesting help to pay medical/doctor bills we must have copies of said bills prior to ride date

It is the goal of the Whitewater Valley Motorcycle Club to help as many children as possible, however do to the increasing request for our services and the limitations we must live with as a 501(c)(3) organization we have found it necessary to request the information above. The more information you give to us the easier it will be for us to make a determination. If you need more room than is provided to describe your needs or your child's condition, feel free to attach additional pages. We as a club can assure you all request will be discussed and considered fairly and equally.

Please return this form to any club member as soon as possible, the sooner we receive this request the more quickly we can make a determination as to its content.

Note: understand there are times we will not be able to help everyone, however we will do our best to assist you, if we are unable to assist you we may be able to put you in touch with someone who can, we will do our very best to help in any way we can.

Thank you for your request to allow us the honor to help you help your child.

Sincerely: Members of the Elijah "Blackie" Pennington Whitewater Valley Motorcycle Club

**Please mail to the following address:
Whitewater Valley Motorcycle Club
ATTN: RIDE REQUEST
PO Box 2582
Richmond, IN 47374**

