



ABATE of LEXINGTON

Application for Assistance for DRAF (Down Riders Assistance Fund)

Name: _____

Address: _____

Telephone: _____

Are you employed & where _____

Is your spouse employed & where _____

Are you able to work _____

List the age and name of dependants living with you: _____

List any sources of income: _____

Date of accident: _____

Was your motorcycle involved _____

On a separate piece of paper give a description of the circumstances and list the type of assistance you are looking for. If it is to be a bill or bills to be paid, you must include a copy of the bill with account numbers. There are no cash awards. You must meet all qualifications as stated

Please return completed application to:

D.R.A.F care of
ABATE of Lexington
P.O. Box 85304
Lexington, SC 29073