



ABATE of LEXINGTON

Down Riders Assistance Fund Pledge to Replenish

I, _____ have received assistance from ABATE of Lexington Down Riders Assistance Fund. This fund has been established to assist paid in full members who go down on their bike. To help keep funds available for future needs, I will do my best to pay back the money that the committee has offered to me, when and if I am able to do so.

Name _____

Amount of Assistance _____

Date _____

Signature of Committee Member _____

Signature of Recipient _____

Please return completed form to: D.R.A.F care of
ABATE of Lexington
P.O. Box 85304
Lexington, SC 29073