

**OFFICE USE ONLY:**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sent to AdCom \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sent to BOD \_\_\_\_/\_\_\_\_/\_\_\_\_  
AdCom recommendation  Y  N  
BOD approval  Y  N

By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

Notified \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_  
Chk sent \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_  
Chk # \_\_\_\_\_

**ABATE Foundation, Inc.**  
PO Box 665, Bargersville, Indiana 46106  
317-422-8040 | 800-23-ABATE | abate@abateonline.org



# ABATE Bikers Care Donation Application

Organization name

Submission Date

Address

Address (If awarded and check is to be sent to an address different from above)

Federal tax ID# (please attach completed W-9)

Mission statement

Describe organization

Contact person

Title

Phone

Email

Amount requested

Intended use (Organization may be required to make a presentation to the board of directors)

How does this benefit Indiana residents?

\*ABATE of Indiana may wish to share this story with others.