



Martha & Terri — 2005

# Miles for Martha

sunday • september 16, 2007

gallup park • ann arbor

In September 2003, Martha Humes was infected with West Nile Virus, resulting in complete flaccid paralysis. Since that time this active, young woman has required the use of a wheelchair for mobility.

But anyone who knows Martha knows that she's not going to stop exploring every possible avenue in order to help her regain the use of her legs.

The Center for Spinal Cord Injury Recovery is the hope that Martha has been waiting for. The doctors were very impressed with the amount of movement Martha still had — nearly 4 years post-infection. ... but the therapy comes at great cost. The doctors want Martha to attend intense therapy sessions 3 times a week at a cost of more than \$1000 a week. We can't let the money become a stumbling block in Martha achieving her goal.

Please help us get Martha on her feet. We would like to encourage walkers to **raise \$100** in pledges. Ten walkers at \$100 each will pay for 1 week of therapy.

Both 2- and 4-legged walkers are welcome.



Martha at the Rehab Center



Martha & Katy



Martha at the Rehab Center

*Please mail your registration form and registration fee to Miles for Martha; c/o Diane Dauble 32189 Hull Road Farmington Hills, MI 48336 or bring with you the day of the walk.*

*Length: 3 miles  
Registration: 8-8:30 a.m.  
Walk begins at 9:00  
Closing Ceremony: Noon  
Place: Gallup Park,  
Huron River Dr. and Geddes Rd.  
Registration Fee: \$20.*

*For more information, contact Diane Dauble @ 248.471.2404 or ddauble@aol.com*

*Make checks payable to:  
NATIONAL TRANSPLANT ASSISTANCE FUND - IN HONOR OF MARTHA HUMES*

## Registration Form

- Yes, I'll see Martha on September 16th  
 No, I can't attend the walk, but I will contribute.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Waiver (must be signed by entrant):

*I hereby waive and release any and all rights and claims for liability and damages I may incur during this walk. I attest that I am physically fit to participate in the walk.*

Signature     \_\_\_\_\_ Date \_\_\_\_\_