



Our 10th Annual Fall Fundraiser
Hike With Hope
October 27th, 2007

Here's the scoop!

As a not-for-profit 501 (c) (3) organization, we've been supporting folks who struggle with mental health problems – since 1955. That's our mission. We raise money and provide direct financial aid for Loudoun programs that clearly empower people to get healthier through recovery.

You can help!

How? **Come hike with us and/or give tax deductible dollars, and/or get sponsors** to pay you to take our 5- mile hike. We need your energy and happy spirit.

Where? We begin at Fox Ridge Park in Leesburg, move west along the W & OD bike trail 2.5 miles to a marked point on the trail, then turn around and come back. Food provided by **Red Hot & Blue**. We supply water. Please check in at the pavilion.

When? **October 27, 2007. Activities start at 12:30 - the hike is from 1-3 pm.**

Why? Because we are a "goosey group of caring folks" that believe in our community. This is just one way of "helping our neighbors." **Come Hike with us!**

What? **We Hike Rain or Shine!** Prepare yourself for the adventure!

For information, email Amber Ernst at
arernst@loudounfriends.org,
or call (202) 351-8612,
or Judy Hines at (703) 443-0524.
www.loudounfriends.org

Hike with Hope was originated by Jeff Dunson and the Youth Group from Ebenezer United Methodist Church in Neersville, VA, a continuing sponsor.

Meet Hope, "Friends" hike mascot. We met her 4 years ago while hiking. She waddled along with us for 2 miles. We loved her spirit and made her our symbol of Hope. Maybe she'll be back this year!



10th Annual Fall Fundraiser

Hike With Hope Registration

October 27, 2007, 1:00 PM to 3:00PM



Organized by Friends of Loudoun Mental Health. For information, call Amber Ernst (202)351-8612 or Judy Hines at 703-443-0524.

Register via e-mail to arenst@loudounfriends.org.

Hiker's Name: _____
 Address: _____
 Telephone: _____ E-mail _____
 Emergency Contact: Name _____ Telephone _____

Feeling Motivated! Want to do more? Simply collect donations!

Pledges

Donor's Name _____
 Address _____
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