



*Every Child in
Northwest Arkansas
Deserves a Childhood!*

Your membership in



...can literally transform lives!

Contact Us

To find out more about Children's House, its parent company EOA, and the Children's House Circle, please contact us. We will be happy to find the best fit for you with the Children's House mission of breaking the cycle of child abuse in Northwest Arkansas.

EOA Executive Director

Kathleen Randall

Children's House Director

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**Children's House
Development Council**

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Dr. Chad Brekelbaum, M.D.
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*Every Child in Northwest
Arkansas Deserves a Childhood!*

Children's House:

Making a difference in the lives of abused children for nearly 30 years.

Established in 1978, the mission of Children's House is to provide long-term support and proven therapeutic treatment to some of Northwest Arkansas' youngest victims of abuse, regardless of social or economic background. The one of a kind service provided by Children's House insures these young children will have a second chance to excel in school and grow up to become productive members of society. The approach used at Children's House provides a permanent solution to breaking the terrible cycle of child abuse. The Children's House Circle enables people who believe in the mission and philosophy of Children's House to make an immediate difference in the lives of abused children throughout Northwest Arkansas.



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Be a part of the Children's House mission

The Children's House Circle is a five year commitment to providing ongoing financial support to the Children's House philosophy, approach and mission. 100% of your Children's House Circle membership fee goes directly to supporting the services that will help these small children heal and start the journey down a happier path through life, so you can be assured your contribution is used in the most effective manner possible. We invite you to join the many others who will not stand for another child growing up with the pain of abuse by becoming a member of the Children's House Circle.

Contributions can be made by check, electronic monthly bank draft, from a personal checking account, or charged to a credit card. An annual statement for tax purposes will be sent to the address of your choice. All contributions to Children's House receive the maximum tax deductions allowed by the IRS.



Children's House is a program that does wonders for young victims of abuse. Children go there every day to receive the treatment they need to soothe the fears and heal the emotional scars left behind by abuse. What happens at Children's House is nothing short of a miracle. Tears are replaced with smiles and laughter. Angry and fearful victims are transformed back into loving and trusting children. Children's House is the only center in the state of Arkansas providing long-term therapeutic services exclusively to abused and neglected pre-school children. Children stay for as long as they need the help which Children's House can provide, or are required to enter kindergarten.



The bottom line is Children's House makes a true difference in the lives of abused and neglected children.

***The methods are real. The results are real.
The lives saved at Children's House are real.***

Joining the Children's House Circle will allow Children's House to save more lives in Northwest Arkansas, because Children's House believes the brightest future begins with hope. Joining the Children's House Circle will make that future even brighter. Children who go to Children's House leave knowing they are important. They leave knowing they are loved. Your membership in the Children's House Circle will allow this important work to continue.



Levels of Membership

Champion Membership

\$500.00 per year
Total 5-Year Commitment: \$2,500.00

Advocate Membership

\$250.00 per year
Total 5-Year Commitment: \$1,250.00

Friend Membership

\$100.00 per year
Total 5-Year Commitment: \$500.00

Yes, I wish to join The Children's House Circle!

Fellow Membership Advocate Membership Friend Membership

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to contribute by:

Electronic Bank Draft (Please attach voided check!)

Credit Card _____ / ____ / ____ M/C ___ V ___ A/X ___
Account # _____ Exp. Date _____

Printed Name _____ Authorizing Signature _____ Date _____

EIN: 71-0390902