

Johnson county Children's Advocacy Center

GETTING INVOLVED



Yes, I would like to make a donation in the amount of \$_____

Yes, I would like information on becoming a volunteer.

Yes, I would like to be on your mailing list.



Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Our Mission is to provide a safe place
where children can tell their story of
abuse and begin to reclaim their lives.



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