



KAIROSDONOR ORDER FORM

All Information is required to receive KairosDonor

State Financial Secretary:

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____
State FS Signature: _____

Shipping Requested:

- Regular
- Priority
- Overnight

NOTE: Please allow up to 3 weeks for regular shipping

Prison Name (per DOC) or KO City/Area Name: _____

Ministry Type:

- Kairos Inside Men
- Kairos Inside Women
- Kairos Outside
- Kairos Torch Boys
- Kairos Torch Girls

KairosDonor Action:

- New Council (New location)
- Reactivate Council (Formerly Inactive)
- Rename Council (Prison or KO name changed)
- Inactivate Council (Prison open but AC disbanded)
- Close Council (Prison closed)
- Replacement (Explain why below):

Advisory Council Chair:

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____

Advisory Council Secretary:

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____

Advisory Council Donor Coordinator:

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____

Advisory Council Treasurer:

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____

Advisory Council Financial Secretary: (TX & CA only)

Name: _____
Address: _____
City/State/ Zip: _____
Phone: _____
E-mail: _____

For Office Use Only (KD Rev. 060818)

Official AC Name: _____

Sequence #: _____

Tech Team Notified _____

HQ Team Notified _____

AC Team Notified _____