



KAIROSDONOR ORDER FORM

All Information is required to receive KairosDonor

State Financial Secretary:

Name: _____

Phone: _____

E-mail: _____

State FS Signature: _____

Shipping Requested:

Regular

Priority

Overnight

NOTE: Please allow up to 3 weeks for regular shipping

Date Received: _____ Date Processed: _____

State: _____

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

If Kairos operates in multiple yards in this facility please provide the yard names (e.g. A, B, C or yard names) YARDS: _____

Ministry Type:

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

KairosDonor Action:

- Add Yard (New Yard in existing Council)
- Close Council (Prison closed)
- Continuing Ministry Only (No Weekends)
- Inactivate Council (Prison open but AC disbanded)
- New Council (New location)
- Reactivate Council (Formerly Inactive)
- Rename Council (Prison or KO name changed)
- 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 Vice Chair:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

Advisory Council Treasurer:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

Advisory Council Donor Coordinator or TX only - Financial Secretary:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

For Office Use Only (KD Rev. 1/17/20)

Official AC Name: _____

Sequence #: _____

Tech Team _____ MOU _____

Elections _____ Kalendar _____

Volunteers _____

AC History _____