



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

Date Received: _____ Date Processed: _____

NOTE: Please allow up to 3 weeks for regular shipping

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

NOTE: Requests will cause changes in Ezra, Financials, KairosMessenger and KairosDonor.

KairosDonor Action:

- ☐ Add Yard (New Yard in existing Council)
- ☐ Close Council (Prison closed) (Explain why below)
- ☐ Continuing Ministry Only (No Weekends)
- ☐ Inactivate Council (Prison open but AC disbanded) (Explain why below)
- ☐ New Council (New location)
- ☐ Reactivate Council (Formerly Inactive)
- ☐ Rename Council (Prison or KO name change)
- ☐ Replacement (Explain why below)

Explanation:

Enter this section if New or Reactivated

Advisory Council Chair:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

Advisory Council Vice Chair:

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: _____

Advisory Council Secretary:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

Advisory Council Treasurer:

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

E-mail: _____

For Office Use Only (KD Rev. 3/16/23)

Official AC Name: _____

Sequence #: _____

- | | |
|---|---|
| <input type="checkbox"/> Tech Team _____ | <input type="checkbox"/> MOU _____ |
| <input type="checkbox"/> Elections _____ | <input type="checkbox"/> Kalendar _____ |
| <input type="checkbox"/> Volunteers _____ | moved to: _____ |
| <input type="checkbox"/> AC History _____ | <input type="checkbox"/> Variances _____ |
| <input type="checkbox"/> Ezra _____ | <input type="checkbox"/> AC Tracker _____ |