



# KAIROSDONOR - ORDER FORM 2/28/2018

**NOTE: Please allow up to 3 weeks for delivery per KairosDonor**

## State Financial Secretary Information only:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**All Information is required on the Advisory Council to receive KairosDonor**

What Ministry is it? KI Men  KI Women  KO , Torch Boys  Torch Girls

Prison Name per DOC: \_\_\_\_\_

Need disc for a (select one): **Brand New Council**  or a **Replacement**

**Explain why a Replacement disc is needed (required):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Advisory Council Donor Coordinator/Financial Secretary:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Advisory Council Chairperson

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Advisory Council Treasurer

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### Additional Comments:

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E-MAIL To: [order@kpmi.org](mailto:order@kpmi.org) or MAIL this **ORDER FORM** TO:

Kairos Prison Ministry International, Inc., 100 DeBary Plantation Blvd., DeBary, FL 32713

Or Fax To: (407) 629-2668