



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:

E-MAIL To: 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