



Kairos of Indiana
Ministry Support Donation Form

Date: _____

Donor, as you wish it to appear on the acknowledgement:

Name: _____

Address: _____

City, State, Zip _____

Institution(s) to which the funds are to be credited:

- | | | |
|---|---|---|
| <input type="checkbox"/> Branchville | <input type="checkbox"/> Plainfield | <input type="checkbox"/> Indiana Women's Prison |
| <input type="checkbox"/> Indiana State Prison | <input type="checkbox"/> Putnamville | <input type="checkbox"/> Rockville |
| <input type="checkbox"/> Miami | <input type="checkbox"/> Correctional Industrial Facility | <input type="checkbox"/> Kairos Outside |
| <input type="checkbox"/> New Castle | <input type="checkbox"/> Wabash Valley | <input type="checkbox"/> Torch |
| <input type="checkbox"/> Pendleton | <input type="checkbox"/> Westville | <input type="checkbox"/> General Funds |

Amount of Gift: \$ _____

Please mail this form and your donation to:

Make Checks payable to : **Kairos of Indiana**

Mail to:
4667 Austin Trace
Zionsville, IN 46077

Phone: 317-873-0295 treasurer@kairosfindiana.org