



God's Special Time

KAIROS of SOUTH CAROLINA PRISON SUPPORT GIFT FORM

Date: _____

Doner as you wish it to appear on the Acknowledgement:

Name: _____

Address: _____

Institution to which funds are to be credited:

- | | |
|---|---|
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Lee |
| <input type="checkbox"/> Broad River | <input type="checkbox"/> Lieber |
| <input type="checkbox"/> Camille Griffin Graham | <input type="checkbox"/> McCormick |
| <input type="checkbox"/> Evans | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Kershaw | <input type="checkbox"/> Tyger River |
| <input type="checkbox"/> Leath | <input type="checkbox"/> Kairos Outside |

Amount of Gift : _____

Please mail contribution with this form to:

Kairos of South Carolina
PO Box 6211
Columbia, SC 29260