KAIROS, INC.
God's Special Time

Family Table Sponsorship

Sponsor Information/Team Contact Sheet

TEAM MEMBER: Please fill out the information below for acknowledgment of donation and receipt of Table Family letter. Return with donation to Rector or team agape person.

Sponsor's Name/Group

Address

City

State Zip

Telephone

KAIROS Team Member Contact

☐ Wishes to sponsor _____ seats at $125 ea.
☐ Wishes to help with $ _____ .
Total Donation $ _____
☐ Sponsor wishes to remain anonymous.
☐ CONTACT will personally deliver letter.

Prison Unit

Course Number Date

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