KARSH FAMILY
SOCIAL SERVICE CENTER

Gift In-Kind Donation Form

Donor Information

Name

Donation Date

Phone Number

Email

Address

Do you need a substantiation of charitable contribution/tax receipt? ☐ Yes ☐ No

FOR STAFF ONLY: Name of who received gift:

About Your Donation

What item(s) are you donating, and in what quantity? *Ex: Size 4 Pampers, 36 diapers; Canned Food, 6lbs.* If you are donating assembled kits only, please skip to bottom section.

Item	Quantity

Assembled Kit Donation

Please complete this section if you are donating kits that you assembled on your own. This information helps us track and better understand our volunteer impact from at-home projects.

Who helped assemble these kits? (First Name + Last Name, Age)

Super Snack Bags	#:
Hygiene Kits	#:
Other (Please specify the kind of kit):	#:
How many hours did you spend assembling kits?	

For any questions, please contact Madeleine Dile, at:

madeleine@karshcenter.org. (213) 401-4656