



District Donation Form

Today's Date: _____

I wish to remain anonymous.

Donor's Name: _____

Donor's Address: _____

Donor's Phone: _____

Amount of Donation: _____

School/Building Receiving Donation: _____

Department/Program Receiving Donation: _____

Designation/Purpose of Donation: _____

The Wausau School District and _____
Department/Program

of _____ gratefully acknowledge your gift of _____
School/Building Donation

to be used by the Department/Program named above for _____
Purpose

Building Principal Signature: _____ Date: _____

- ROUTING:
Original to Donor
Email copy to Department/Program
Email copy to Building Administrative Assistant/Building Bookkeeper
Email copy to Superintendent's Administrative Assistant at Longfellow