



# District Donation Form

Today's Date: \_\_\_\_\_

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