



District Donation Form

Gifts, Grants, and Bequests

1/28/26

Today's Date: 1/26/23

- This is a grant.
 - This is a donation.
 - I wish to remain anonymous.

Community Foundation of North Central Wisconsin

Donor's Name:

Donor's Address: _____

Grant 688826 Wausau Marathon County Fund.

Donor's Phone: _____

\$100.00

Amount of Donation:

Nutrition Services

School/Building Receiving Donation: _____

Nutrition Services

Department/Program Receiving Donation: Nutrition Services

Unpaid meal debt

Designation/Purpose of Donation: Unpaid Meal debt

Nutrition Services

The Wausau School District and

Department/Program

I gratefully acknowledge your gift of \$100.00 Donation

to be used by the Department/Program named above for unpaid meal debt
Purpose

Purpose

Building Principal Signature: Karen F. Chm Date: 7/26/20

Karen Fuchs

1/28/26

ROUTING:

Original to Donor

Email copy to Department/Program

Email copy to Department/Program
Email copy to Building Administrative Assistant/Building Bookkeeper

Email copy to Building Administrative Assistant/Building Bookkeeper
Email copy to Superintendent's Administrative Assistant at Longfellow



District Donation Form Gifts, Grants, and Bequests

12/19/25

Today's Date: _____

- This is a grant.
 This is a donation.
 I wish to remain anonymous.

Don and Joan Smith

Donor's Name: _____

904 N 23rd Ave

Donor's Address: _____

Wausau, WI 54401

Donor's Phone: _____

\$500.00

Amount of Donation: _____

Nutrition Services

School/Building Receiving Donation: _____

Nutrition Services

Department/Program Receiving Donation: _____

Help students in need, school meal debt

Designation/Purpose of Donation: _____

Nutrition Services

The Wausau School District and _____

Department/Program

\$500.00

gratefully acknowledge your gift of _____

Donation

students in need, school meal debt

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

Purpose

Building Principal Signature: Karen Fuchs Date: 12/19/25

cf

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



District Donation Form Gifts, Grants, and Bequests

01/19/2026

Today's Date:

- This is a grant.
 This is a donation.
 I wish to remain anonymous.

Elizabeth Andersen
Donor's Name:

243690 Trappe River Rd
Donor's Address:
Wausau, WI 54403

(715) 845-7096
Donor's Phone:

Jackets, shoes, backpack, pants, scarves, hats, mittens, gloves, socks, and headbands (total of: \$480.00)
Amount of Donation:

Wausau East High
School/Building Receiving Donation:

Lumberjack Closet
Department/Program Receiving Donation:

Students in need
Designation/Purpose of Donation:

Lumberjack Closet
The Wausau School District and _____
Department/Program

of Wausau East High _____ gratefully acknowledge your gift of _____
School/Building _____
Jackets, shoes, backpack, pants, scarves, hats, mittens, gloves, socks, and headbands
of _____
Donation

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

Lucas Barth _____
Building Principal Signature: _____
Digitally signed by Lucas Barth
Date: 2026.01.26 14:44:40 -06'00'
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



District Donation Form Gifts, Grants, and Bequests

01/19/2026

Today's Date:

- This is a grant.
 This is a donation.
 I wish to remain anonymous.

Rob Barbier

Donor's Name:

2304 Burlington Drive

Donor's Address:

Wausau, WI 54401

(715) 551-0792

Donor's Phone:

Large donation of food items (around \$300.00)

Amount of Donation:

Wausau East High

School/Building Receiving Donation:

Zoro's Locker

Department/Program Receiving Donation:

Students in need

Designation/Purpose of Donation:

Zoro's Locker

The Wausau School District and

Department/Program

of Wausau East High

School/Building

Large donation of food items (around \$300.00)

gratefully acknowledge your gift of

Donation

Zoro's Locker

to be used by the Department/Program named above for

Purpose

Digitally signed by Lucas Barth

Date: 2026.01.26 14:45:06 -06'00'

Date:

Building Principal Signature:

Lucas Barth

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



District Donation Form Gifts, Grants, and Bequests

01/27/2026

Today's Date: _____

- This is a grant.
 This is a donation.
 I wish to remain anonymous.

Donor's Name: **Forest Park Neighborhood - Cheryl Jones**

Donor's Address: **3222 N 7th St**
Wausau WI 54403

Donor's Phone: **(715) 571-5791**

Amount of Donation: _____
Large donation of food items for Zoro's Locker and some personal hygiene items for the Lumberjack Closet (around \$300 in total)

School/Building Receiving Donation: **Wausau East High**

Department/Program Receiving Donation: **Zoro's Locker & Lumberjack Closet**

Designation/Purpose of Donation: **Students in need**

The Wausau School District and **Zoro's Locker & Lumberjack Closet**
Department/Program

of **Wausau East High** gratefully acknowledge your gift of _____
School/Building _____ Donation _____

Large donation of food items for Zoro's Locker and personal hygiene items for the Lumberjack Closet

to be used by the Department/Program named above for **Zoro's Locker & Lumberjack Closet**
Purpose _____

Building Principal Signature: **Lucas Barth** Digitally signed by Lucas Barth
Date: 2026.02.03 14:42:53 -06'00' 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



District Donation Form Gifts, Grants, and Bequests

01/20/2026

Today's Date:

- This is a grant.
 This is a donation.
 I wish to remain anonymous.

Donor's Name: **Shawn & Cheryl Slane**
Donor's Address: **4217 Sommer Drive**
Sheboygan, WI 53081

Donor's Phone:

\$500.00

Amount of Donation:

School/Building Receiving Donation: **Wausau West High School**
Department/Program Receiving Donation: **Curling Team**
Designation/Purpose of Donation: **In support of the Curling Team**

Curling Team

The Wausau School District and _____

Department/Program

of **Wausau West High School**
School/Building

500.00

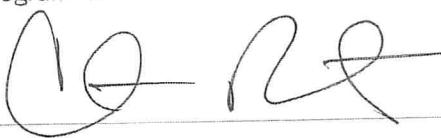
Donation

gratefully acknowledge your gift of _____

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

support and recognition

Purpose

Building Principal Signature: 

1/20/2026

Date: _____

ROUTING:

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Email copy to Department/Program
Email copy to Building Administrative Assistant/Building Bookkeeper
Email copy to Superintendent's Administrative Assistant at Longfellow