



District Donation Form

Gifts, Grants, and Bequests

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

Today's Date: 05/30/2024

Donor's Name: Community Foundation of North Central Wisconsin

Donor's Address: 200 Washington Street, Suite 120

Wausau, WI 54403

Donor's Phone: 715.845.9555

Amount of Donation: \$12,000

School/Building Receiving Donation: District

Department/Program Receiving Donation: All District English Language Learners

Designation/Purpose of Donation: Immersive Real-Time Translation Devices

The Wausau School District and N/A
Department/Program

of N/A gratefully acknowledge your gift of \$12,000
School/Building Donation

to be used by the Department/Program named above for purchasing Immersive Real-Time Translation Devices.
Purpose

Building Principal Signature:  Date: 05/30/24

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

Wausau School District
PO Box 359
Wausau, WI 54402-0359

Congratulations on being selected to receive this Wausau Marathon County Impact Grant from the Community Foundation of North Central Wisconsin:

Grant Amount: \$12,000.00

Project Name: Immersive Real-Time Translation Devices

As outlined in the grant agreement that you signed to initiate this payment, the Community Foundation requires recognition of its grants. Please include the following statement in all material related to this project: *"Support for this project was provided through the Wausau Marathon County Fund of the Community Foundation of North Central Wisconsin."* Contact our marketing director, Maggie DeLoye (maggie@cfoncw.org), regarding use of our logo or to request our grant banner to be displayed by your agency to acknowledge this grant.

Please return to our Grant Management Portal to submit a final report once your project has been completed. We also ask that you keep us informed of any changes to your project and provide us with photos as your project is being implemented. Our program associate, Kelly Price (kelly@cfoncw.org), is available to discuss the status of your project or to answer any questions related to this grant.

Our Board of Directors, Distributions Committee, and administrative team join me in extending our appreciation on behalf of our donors for the important work you are doing. We are grateful for the opportunity to assist you with your mission and wish you much success with this project.

Sincerely,



Tim Parker
President & CEO

Named Unrestricted Funds for Wausau Marathon County

Otto S. & Esther M. Holmskug
Silver | 1994

Caroline S. Mark
Platinum | 2005

Marvin C. & Ruth (Rudie) J.
Schuette | Platinum | 2009

Nils Folke Jr. & Jean B. Becker
Platinum | 2013

Edward & Lois Drott
Platinum | 2016

James & Susan Lundberg
Gold | 2017

Tom & Marilyn Kraemer
Silver | 2023

Giving Levels

Platinum donors gave
\$1,000,000 and more

Gold donors gave between
\$500,000 and \$999,999

Silver donors gave between
\$250,000 and \$499,999





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Today's Date: May 14, 2024

Donor's Name: Good Shepherd Lutheran Church

Donor's Address: 930 Edgewood Rd

Wausau, WI 54403

Donor's Phone: 715-675-1997

Amount of Donation: \$542.20

School/Building Receiving Donation: WSD Nutrition Services

Department/Program Receiving Donation: School Nutrition Services

Designation/Purpose of Donation: Offset some of the burden of lunch school
outstanding negative account balances

The Wausau School District and School Nutrition Services
Department/Program

\$542.20
gratefully acknowledge your gift of \$542.20
Donation

to be used by the Department/Program named above for student meal account assistance.
Purpose

Building Principal Signature: Karen Fuchs Date: 5/14/24
ts

ROUTING:

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



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Today's Date: May 15, 2024

Donor's Name: Yauo Yang - pay it forward campaign

Donor's Address: 10620 N 60th Ave
Merrill, WI 54452

Donor's Phone: _____

Amount of Donation: \$12,152.45

School/Building Receiving Donation: School Nutrition Services

Department/Program Receiving Donation: School Nutrition Services

Designation/Purpose of Donation: clear out negative meal account balances

The Wausau School District and School Nutrition Services.
Department/Program

.gratefully acknowledge your gift of \$12,152.45
Donation

to be used by the Department/Program named above for negative meal account balances.
Purpose

Building Principal Signature: Karen Fuchs Date: 5/15/24

ROUTING:

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Today's Date: **May 21, 2024**

Donor's Name: **Anonymous**

Donor's Address: _____

Donor's Phone: _____

Amount of Donation: **Clothing and Food**

School/Building Receiving Donation: **Horace Mann**

Department/Program Receiving Donation: **Eagle Pride Market**

Designation/Purpose of Donation: **Donation of clothing, shoes, food
for students in need**

The Wausau School District and **Horace MannEagle Pride Market**
Department/Program

of **Horace Mann** gratefully acknowledge your gift of **Clothing/Food**
School/Building Donation

to be used by the Department/Program named above for **for students in need**
Purpose

Building Principal Signature:  Date: **5/24/24**

ROUTING:
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Email copy to Department/Program
Email copy to Building Administrative Assistant/Building Bookkeeper
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Today's Date: 5/21/2024

Donor's Name: Jodi Ripp

Donor's Address: 1305 Rose Marie #4
Wausau, WI 54401

Donor's Phone: 608/347-1310

Amount of Donation: Approximately \$650 value

School/Building Receiving Donation: John Muir / Horace Mann

Department/Program Receiving Donation: Music

Designation/Purpose of Donation: _____

The Wausau School District and the Music Department
Department/Program

of Horace Mann gratefully acknowledge your gift of drum sticks, mallets,
School/Building Donation sheet music

to be used by the Department/Program named above for students in need
Purpose

Building Principal Signature: [Signature] Date: 5/21/2024

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



District Donation Form

Today's Date: 5-14-24

Donor's Name: Harry C Cole

Donor's Address: 901 Fulton Street

Wausau WI 54403-4973

Donor's Phone: _____

Amount of Donation: \$600

School/Building Receiving Donation: Wausau East

Department/Program Receiving Donation: Athletics

Designation/Purpose of Donation: \$300 as needed for our boys swim program and \$300 track program

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: Lucas Barth Digitally signed by Lucas Barth
Date: 2024.05.16 15:08:12 -05'00' Date: _____

ROUTING:

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District Donation Form Gifts, Grants, and Bequests

Today's Date: 5/22/24

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Donor's Name: DEANNE C. KIMBEL

Donor's Address: 3104 RIDGEWOOD DR
WAUSAU, WI 54401

Donor's Phone: _____

Amount of Donation: \$1,000

School/Building Receiving Donation: WW HIGH SCHOOL

Department/Program Receiving Donation: MUSIC DEPARTMENT

Designation/Purpose of Donation: 2023-2024 EXPENSES

The Wausau School District and MUSIC DEPT

Department/Program

of WW HIGH SCHOOL gratefully acknowledge your gift of \$1,000

School/Building

Donation

to be used by the Department/Program named above for 2023-2024 EXPENSES

Purpose

Building Principal Signature: _____ Date: _____

ROUTING:

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District Donation Form Gifts, Grants, and Bequests

Today's Date: 5/22/24

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Donor's Name: SHAWN AND CHERYL SLANE

Donor's Address: 4217 SOMMER DR
SHEBOYGAN, WI 53081

Donor's Phone: _____

Amount of Donation: \$500

School/Building Receiving Donation: WAUSAU WEST HIGH SCHOOL

Department/Program Receiving Donation: CURLING

Designation/Purpose of Donation: 2023-24 EXPENSES

The Wausau School District and CURLING
Department/Program

of WW HIGH SCHOOL gratefully acknowledge your gift of \$500
School/Building Donation

to be used by the Department/Program named above for 2023-24 EXPENSES
Purpose

Building Principal Signature: _____ Date: _____

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- Email copy to Superintendent's Administrative Assistant at Longfellow



District Donation Form Gifts, Grants, and Bequests

4/12/2024

Today's Date: _____

American Online Giving Foundation

Donor's Name: _____

611 Meeredith Road NE #700

Donor's Address: _____

Calgary, AB T2E 2W5

Donor's Phone: _____

\$67.16

Amount of Donation: _____

School/Building Receiving Donation: Wausau Area Montessori Charter School

Department/Program Receiving Donation: N/A

Designation/Purpose of Donation: Student Activity Fund

The Wausau School District and Student Activity Fund

Department/Program

of WAMCS \$67.16
School/Building gratefully acknowledge your gift of Donation

to be used by the Department/Program named above for supporting student activity needs.
Purpose

Building Principal Signature: [Signature] Date: 4/12/2024

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