

**OFFICE OF THE SUPERINTENDENT
D.C. EVEREST AREA SCHOOL DISTRICT**

PROFESSIONAL STAFF
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GIFTS AND/OR BEQUESTS TO THE SCHOOL DISTRICT

Please complete the following information and submit to the Superintendent's Office.

Donor: **WEA Member Benefits Association**

(Name of individual or organization making donation/gift)

Policy 7230 states the District shall provide written acknowledgement to the donor of any accepted cash donation of \$250 or more and any non-cash donation the value of which is \$250 or more. Such acknowledgement shall include the amount of cash or a description of any non-cash donation. Please provide either an email or address so we are able to return a copy of this signed form to the donor.

Donor Email: _____

OR

Donor Address: **660 John Nolen Dr., Madison, WI 53713**

Description of Gift/Donation: **Mental Health Fund Donation**

Estimated Value: **\$20,000.00**

Given to: **D.C. Everest Area School District - Student Services**

(school, organization of a school, employee, etc.)

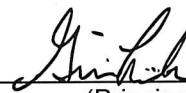
Date Received: **04/02/2025**

Recipient - District employee we may contact with questions: **Gina Lehman**

Purpose of Gift/Donation: **Mental Health**

Principal Approval of Gift: ☒ YES

☐ NO


(Principal's Signature)

All gifts or bequests having a value of more than \$2500.00 shall be accepted by the Board. The Superintendent may accept for the Board gifts of lesser value.

Superintendent Approval of Gift: ☒ YES

☐ NO


(Superintendent's Signature)

School Board Approval of Gift: ☐ YES

☐ NO

(School Board Clerk's Signature)

The D.C. Everest Area School District Federal Tax Number is: 39-6007952.

2/7/2022