



District Donation Form Gifts, Grants, and Bequests

☐ This is a grant.

☒ This is a donation.

☐ I wish to remain anonymous.

Today's Date: June 1, 2026

Donor's Name: 4K Families

Donor's Address: _____

Donor's Phone: _____

Amount of Donation: _____

School/Building Receiving Donation: Lincoln Early Learning Academy

Department/Program Receiving Donation: 4K & Early Childhood

Designation/Purpose of Donation: Staff Appreciation Week and
donations that allowed all students to receive a year book

The Wausau School District and 4K & Early Childhood Program
Department/Program

of Lincoln Early Learning Academy gratefully acknowledge your gift of all of the things
School/Building Donation

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

Building Principal Signature: Kara Rakowski Date: June 1, 2026

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



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Today's Date: June 1, 2026

Donor's Name: Rocky Rococo Pizza & Pasta

Donor's Address: 226408 Rib Mountain Dr

Wausau, WI 54401

Donor's Phone: 715.359.8848

Amount of Donation: _____

School/Building Receiving Donation: Lincoln Early Learning Academy

Department/Program Receiving Donation: 4K & Early Childhood

Designation/Purpose of Donation: Raffle Prizes at the Ice Cream Social

The Wausau School District and 4K & Early Childhood Program
Department/Program

of Lincoln Early Learning Academy gratefully acknowledge your gift of certificates for pizza
School/Building Donation

to be used by the Department/Program named above for SEL Table raffle drawing
Purpose

Building Principal Signature: Kama Rakomello Date: _____

ROUTING:
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Today's Date: 6/5/26

Donor's Name: Marathon County Department Sheriffs Association

Donor's Address: 500 Forest St

Wausau, WI 54403

Donor's Phone: _____

Amount of Donation: \$2000.00

School/Building Receiving Donation: Nutrition Services

Department/Program Receiving Donation: Nutrition Services

Designation/Purpose of Donation: help with student meal debt.

The Wausau School District and Nutrition Services

Department/Program

gratefully acknowledge your gift of \$2000.00

Donation

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

Purpose

Building Principal Signature: Karen Fochs

Date: 6/5/26

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Today's Date: 6/3/26

Donor's Name: Nicole Schindler (Nate Berg Photographer)

Donor's Address: 5902 Canoe St
Weston, WI 54476

Donor's Phone: _____

Amount of Donation: \$100

School/Building Receiving Donation: Nutrition Services

Department/Program Receiving Donation: Nutrition Services

Designation/Purpose of Donation: Help reduce negative student lunch balances for kids
that don't qualify for free lunches but whose families are struggling financially.

The Wausau School District and Nutrition Services

Department/Program

gratefully acknowledge your gift of \$100.00

Donation

to be used by the Department/Program named above for student lunch debt

Purpose

Building Principal Signature: Karen Fuchs Date: 6/3/26

ROUTING:

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Today's Date: 6-8-26

Donor's Name: Cindy Owen

Donor's Address: 1130 Easthill Drive
Wausau, WI 54403

Donor's Phone: 715-848-2575

Amount of Donation: \$1200

School/Building Receiving Donation: Riverview School, John Marshall School

Department/Program Receiving Donation: _____

Designation/Purpose of Donation: School Lunches

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:

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Today's Date: **6-2-26**

Donor's Name: **Mr. and Mrs. Jeff Peterson**

Donor's Address: **1830 Saddlebrook Lane**
De Pere, WI 54115

Donor's Phone: _____

Amount of Donation: **Dewalt saw, Craftsman work stool, resource books valued at approx. \$2000**

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

Department/Program Receiving Donation: **Art**

Designation/Purpose of Donation: **For student use**

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: 2026.06.10 09:33:25 -05'00' Date: _____

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Today's Date: 6/3/2026

Donor's Name: Rose Skic

Donor's Address: N3191 County Road K
Merrill, WI 54452

Donor's Phone: _____

Amount of Donation: \$400.00

School/Building Receiving Donation: Wausau West High School

Department/Program Receiving Donation: Wrestling program

Designation/Purpose of Donation: To help students in wrestling program
with fees - such as for wrestling camp.

The Wausau School District and Warrior Wrestling
Department/Program

of Wausau West High School gratefully acknowledge your gift of \$400.00
School/Building Donation

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

Building Principal Signature: [Signature] Date: 6/3/26

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