



Stevens Point Area Public School District
1900 Polk Street
Stevens Point, WI 54481
TIN: 39-6004667

ACKNOWLEDGEMENT OF RECEIPT OF CHARITABLE CONTRIBUTION

Donor Name: _____

Address: _____

Thank you for your charitable contribution to the Stevens Point Area Public School District.

Date Received: _____

Cash Received: \$ _____

Non-Cash Contribution Received (Please describe in detail with Model #, etc.) (DO NOT put a dollar value on non-cash contributions – that is up to the donor):

If donation is restricted please specify the educational purposes/programs:

If no restriction noted the donation will support the educational purposes/programs of the Stevens Point Area Public School District as determined by the District (Unrestricted).

Stevens Point Area Public School District

BY: _____

TITLE: _____

DATE: _____

Provide one copy to donor AND one copy to Superintendent's office