

DONATION / BEQUEST FORM

Unrestricted Donation:

If you would like to make an "unrestricted" donation to programs / services provided by the City of Wausau, please complete this section and return to the City Clerk at 407 Grant Street, Wausau, WI 54403 along with your donation.

Name of Donor: _____ (Check here if you'd like to remain anonymous)

Address of Donor _____ Donation Amount: \$ _____
(Your donation will be acknowledged if an address is provided)

In honor of _____ In memory of _____

Restricted Donation:

If you would like to make a "restricted" donation to the City of Wausau, please complete this section and return to the City Clerk at 407 Grant Street, Wausau, WI 54403 along with your donation.

Name of Donor: _____ (Check here if you'd like to remain anonymous)

Address of Donor _____ Donation Amount: \$ _____
(Your donation will be acknowledged if an address is provided)

In honor of _____ In memory of _____

(Please indicated where you'd like your donation restricted to:)

- | | |
|---|---|
| <input type="checkbox"/> Police Department Programs/Equipment | <input type="checkbox"/> Swimming Pool Improvements or Programs/Equipment |
| <input type="checkbox"/> Fire Department Programs/Equipment | <input type="checkbox"/> General Operations |
| <input type="checkbox"/> Park / Recreation Programs/Equipment or Maintenance/Operations | <input type="checkbox"/> Other (Please Describe): _____ |
| <input type="checkbox"/> Special Event Sponsorship | |

Unrestricted Bequest

If you would like to place an unrestricted bequest to the City of Wausau in your will, please include the following language:

"I give and bequeath to the City of Wausau the sum of *(insert dollar amount)* or *(insert percent)*% of my estate which I own at the time of my death or in which I have the power of disposition.

Restricted Bequest:

If you would like to place a restricted bequest to the City of Wausau in your will, please include the following language:

"I give and bequeath to the City of Wausau the sum of *(insert dollar amount)* or *(insert percent)*% of my estate which I own at the time of my death or in which I have the power of disposition. Such bequeath is to be restricted for use by the City of Wausau specifically for *(insert restriction here)*.

Tax Deductible Status:

Your donation to the City of Wausau may be tax deductible. Please consult your accountant or tax attorney to determine the deductibility of your donation.

Signature _____ Date _____