



## Business Partners Program

New Partnership    Returning Partnership

\_\_\_\_\_  
Business/Organization Name

\_\_\_\_\_  
Local Representative Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

Please list the school(s) you are currently partnering with:


\_\_\_\_\_  
Goods/Services Provided

Yes, we would like to be listed as a Business Partner of the Lee County School District

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send your completed form to:**

The Foundation for Lee County Public Schools, Inc.

Mail: P.O. Box 1608

Fax: 239-337-7077

Fort Myers, FL 33902

Email: [Jenny@leeschoolfoundation.org](mailto:Jenny@leeschoolfoundation.org)