

## **Business Partners Program** 2016-2017 School Year

■ 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 c	currently partnering with:		
Goods/Services Provided			
Yes, we would like to be listed a	as a Business Partner of th	ne Lee County Sch	ool District
Signature		Date	

Please send your completed form to:
The Foundation for Lee County Public Schools, Inc. Fax: 239-337-7077 Mail: P.O. Box 1608

Fort Myers, FL 33902 Email: Erica@leeschoolfoundation.org