



2019 – 2020 BUSINESS PARTNERSHIP COMMITMENT FORM

(please circle one)

Summa Cum Laude
\$2,500

Magna Cum Laude
\$1,000

Cum Laude
\$500

Business Name: _____

Contact Name: _____

Phone: _____ **Email:** _____

Business Address: _____

Brief Description of your business: _____

Business name as you would like it printed:

Please make checks payable to “*Plant High School Academic Foundation*” and mail to
2415 S. Himes Ave. Tampa, FL 33629-5134

or

submit payment via www.phsacademicfoundation.com

Your Partnership lasts one year from receipt of payment.

Please contact YiYi Johnson at 727-424-8692 or yisquared@yahoo.com with any questions.

THANK YOU FOR SUPPORTING THE ACADEMIC SUCCESS OF STUDENTS AND STAFF AT PLANT HIGH SCHOOL!