



# 2020–2021 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:  
PHS Academic Foundation, c/o Alison Meyer, Treasurer, 2524 W. Parkland Blvd,  
Tampa Florida 33609

or

submit payment via <https://www.phsacademicfoundation.com/business-partners>

**Your Business Partnership lasts one year from receipt of payment.**

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