

# AKRON ZIPS BAND FAN CLUB

Yes! Please enroll me as a member of the Akron Zips Band Fan Club!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

Enclosed is my gift of \$\_\_\_\_\_ (\$100 minimum)!

(Checks should be made payable to The University of Akron Bands.)

## Matching Gift

- I work for a matching gift company. The form is enclosed.
- I don't know if I/my spouse work(s) for a matching gift company.

My company is \_\_\_\_\_.

My spouse's company is \_\_\_\_\_.

Please return this form and check to:

The University of Akron Bands  
Akron, OH 44325-1002

Thank you for supporting The University of Akron Bands!