

Corporate Membership

MEDICI	DELLA ROVERE		CARRAND
\$5,000 per annum	\$3,000 per annum		\$1,000 per annum
	BUSINESS DETAILS		
Title: First Name:	Surname:		
Business Name:	Address:		
		ZIP Code: .	
Email:	Telephone:		
	PAYMENT DETAILS		
I enclose a cheque made payable to the Friends of the Bargello Inc.			
I	will make a bank transfer to the Friends of t	he Bargello Inc.	
Account Name: Friends of the Bargello Inc.		Bank Name: Signature Bank	
Account Number: 150 228 4610 Swift Code: SIGNUS33		Routing Number: 026 013 576	
	I authorise the Friends of the Bargello to	debit my card	
Card Type:	Card Number:		
Card holder Name:			
Valid From: Expin	ry Date: Issue No:	SVC No:	
Signed:	Date:		
	al US/UK taxpayer and would like to receive t Aid in the UK while still benefiting from tax		an
	PLEASE RETURN THIS FORM TO:		
708 Third Avenue, 19 th	Friends of the Bargello Inc., c/o S.H. Jacobs & As Floor, New York, NY, 10017, USA; or can and email		ìrm.com
Thank you for your support. Tax-exempt IRS EIN No. 35-2518526			

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Registered Addresses: Friends of the Bargello, 6 Grosvenor St, Mayfair, London WIK 4PZ, UK Friends of the Bargello, 708 Third Avenue, 19^{th} Floor, New York, NY, 10017, USA