



Membership Application Form

MEDICI

DELLA ROVERE

CARRAND

\$5,000 annual membership

\$3,000 annual membership

\$1,000 annual membership

FRIENDS

SUPPORTERS

\$500 annual membership

\$250 annual membership

PERSONAL DETAILS

Title: First Name: Surname:

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 the 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: Expiry Date: Issue No: SVC No:

Signed: Date:

I am a dual US/UK taxpayer and would like to receive information on how I can claim Gift Aid in the UK while still benefiting from tax deduction in the US

PLEASE RETURN THIS FORM TO:

Friends of the Bargello Inc., c/o S.H. Jacobs & Assoc., LLC,
708 Third Avenue, 19th Floor, New York, NY, 10017, USA; or can and email to: Scott.Jacobs, shj@shjfirm.com

Thank you for your support Tax-exempt IRS EIN No. 35-2518526

The World's Leading Museum of Renaissance Sculpture

Registered Addresses: Friends of the Bargello, 6 Grosvenor St, Mayfair, London W1K 4PZ, UK

Friends of the Bargello, 708 Third Avenue, 19th Floor, New York, NY, 10017, USA

www.friendsofthebargello.org