



ENROLMENT FORM - FRIENDS OF THE FEDERICO ZERI FOUNDATION

I, the undersigned

Name/Surname/Institution/Firm: \_\_\_\_\_

Address/registered office:

Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

wish to join the 'Friends of Federico Zeri' to sustain the scientific activity of the Foundation.

FRIEND from 1.000 euros

SUSTAINING FRIEND from 5.000 euro

I wish my name did **not** appear

I wish **my name to appear as** \_\_\_\_\_

on the printed and online materials of the Federico Zeri Foundation and on the Art Bonus web site.

MODES OF PAYMENT

Bank transfer to: FONDAZIONE FEDERICO ZERI

**IBAN: IT09 1030 6902 4771 0000 0004 222; BIC: BCITITMM**

Reason for payment: "**Erogazione liberale a favore della Fondazione Federico Zeri – First Name and Surname**"

Following the transfer, The Federico Zeri Foundation will release a statement as proof of contribution.

Date \_\_\_\_\_ Signature \_\_\_\_\_

With reference to Italian law on "Privacy" (n. 675/96), I allow the use of personal data

Date \_\_\_\_\_ Signature \_\_\_\_\_

This form must be filled out, signed, and sent via post or e-mail to:

Fondazione Federico Zeri  
piazzetta Giorgio Morandi 2  
40125 Bologna  
amici.fondazionezeri@unibo.it