



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.

- 1.000 euros, yearly membership fee
- other amount _____

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