

GIVE A GIFT OF ART

PLEASE MAIL OR FAX THE COMPLETED FORM TO:

Membership Office
Peggy Guggenheim Collection
Dorsoduro 701, 30123 Venezia, Italy
Tel +39 041 2405 412/440
Fax +39 041 5206885
membership@guggenheim-venice.it

I GIVE A GIFT SUBSCRIPTION TO THE FOLLOWING MEMBERSHIP LEVEL I GIVE A GIFT FOR TWO YEARS ENJOYING A 10% DISCOUNT ON THE SECOND YEAR

- Young Pass** EURO 19 **Individual Member** EURO 80 **Family card** EURO 80
 Open Pass EURO 39 **Dual Member** EURO 110

Name, Surname and telephone number of member offering the gift _____

Name of recipient _____

Surname _____

Street _____ Zip code _____ City _____

Country _____ E-mail _____

Phone _____ Fax _____ Cell _____

Date of birth _____ Profession _____

If Dual Member: name of guest (*if it should appear*) _____

If Family: name of the partner _____

name of children and date of birth _____

TERMS OF PAYMENT

- payment in cash at the Peggy Guggenheim Collection
 non-transferable cheque made out to the Solomon R. Guggenheim Foundation, enclosed
 bank transfer made out to the Solomon R. Guggenheim Foundation, receipt enclosed

BNL Gruppo BNP Paribas

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- American Express MasterCard Visa

Amount _____ Card number _____ Expiration date _____ / _____ Security Code _____

Card holder _____ Card holder's ph. _____

Signature _____ Date _____

PRIVACY POLICY: The personal information acquired by the Peggy Guggenheim Collection will be used accordingly to the Law 196/2003. The subject has the right to access, modify, and correct his/her personal data, or ask for their cancellation and removal. For any changes please contact sicurezza@guggenheim-venice.it

Signature _____ Date _____