

# PEGGY GUGGENHEIM COLLECTION

## MEMBERSHIP PROMOTION

Online            www.guggenheim-venice.it/membership  
By phone        +39 041 2405429/440  
By E-mail       membership@guggenheim-venice.it

## GIFT GIVER'S DATA

First and Last Name \_\_\_\_\_  
Street \_\_\_\_\_ Zip Code \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Date of birth \_\_\_\_\_  
E-mail \_\_\_\_\_

**I AM GIVING THE GIFT OF ART TO** (first name, last name, email):

**YOU (THE GIFT GIVER) MAY ALSO BENEFIT FROM A 20% DISCOUNT ON THE FOLLOWING MEMBERSHIP LEVELS:**

**Open Pass** ~~50€~~ 40€     **Individual Member** ~~90€~~ 72€     **Dual Member** ~~120€~~ 96€  
 **Young Pass** ~~25€~~ 20€     **Young Pass + friend** ~~30€~~ 25€     **Family Card** ~~130€~~ 104€

**Dual Member or Young Pass + friend:** your guest's name (*optional*) \_\_\_\_\_

**Family:** your partner's name (*optional*) \_\_\_\_\_

Your children's' name(s) and date(s) of birth \_\_\_\_\_  
\_\_\_\_\_

**SHIPMENT ADDRESS** (if different to the gift giver's address details provided above)

First and Last Name \_\_\_\_\_  
Street \_\_\_\_\_  
Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

# PEGGY GUGGENHEIM COLLECTION

## PAYMENT DETAILS

Payee's name and phone number \_\_\_\_\_

payment in cash at the Peggy Guggenheim Collection

bank transfer made out to The Solomon R. Guggenheim Foundation, receipt enclosed  
BNL Gruppo BNP Paribas

IBAN IT 09 W 01005 02000 000000003533

SWIFT: BNLITRR

Reason: Donation

I will pay with credit card (AMEX, MasterCard or Visa) by calling +39 041 2405440/429 Monday-Friday 10:00 am to 6:00 pm CEST.

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The Data Controller is The Solomon R. Guggenheim Foundation, Dorsoduro 701, 30123 Venice.

Email: [privacy@guggenheim-venice.it](mailto:privacy@guggenheim-venice.it) | [info@guggenheim-venice.it](mailto:info@guggenheim-venice.it)

I give my consent

I do not give my consent

I hereby give my consent to receiving newsletters and/or communications from The Solomon R. Guggenheim Foundation regarding museum activities by email and/or in hard copy.

I give my consent

I do not give my consent

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