



Department of Homeland Security Credit Card Charge Request Form

First Name _____ Last Name _____

Company Name _____

Billing Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Credit Card Issuer:(Please circle one) VISA American Express Discover Master Card

Account Number: _____

Expiration Date: _____ / _____ CVC Numbers*: _____

*This is the last three digits to the right of the signature panel on the back

Invoice:

Amount Paid:

For Deposit to EMS
Education Fund.

Please be aware that there will be a courtesy charge of 2.25% added to the amount of this transaction as required by your credit card issuer.

By signing this form, cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.

Signature _____