



**THE NATIONAL EMERGENCY MANAGEMENT AGENCY**  
P. O. BOX N 7147, NASSAU, BAHAMAS, TEL: (242) 815-6943

**CREDIT CARD AUTHORIZATION FORM**

This form must be completed, signed and accompanied by a copy of the front and back of the credit card noted below and a driver's license, passport or NIB card with matching signature in order to process your donation.

I, \_\_\_\_\_, hereby authorize NEMA to charge my credit card for donations to the Bahamas Disaster Relief Fund.

*Please complete all fields:*

<b>CREDIT CARD INFORMATION</b>				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Card Identification Number (last 3 digits located on the back of the card): _____				
Credit Card Billing Address: _____ _____				
Total amount to be charged: \$ _____ (Bahamian dollars)				

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

***Please email this authorization form to:***  
[nemacarddonations@bahamas.gov.bs](mailto:nemacarddonations@bahamas.gov.bs)