

# The Jonathan House Ministries

*Where the Captives Go to Be Set FREE*

## Authorization Form for Electronic Donation

All requested information is required. Upon your approval, we will automatically bill your credit/debit card for the amount indicated and your total charges will appear on your monthly credit/debit card statement. If you choose to sign up for monthly support you may cancel this automatic billing authorization at any time by contacting The Jonathan House Ministries office at 507-282-8845

### Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

### Payment Information

I authorize The Jonathan House Ministries to automatically bill the card listed below as specified.

Amount: \_\_\_\_\_

Frequency (check one) \_\_\_\_\_ Once \_\_\_\_\_ Weekly \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly

Start on Month/Date/Year \_\_\_\_\_ End on Month/Date/Year \_\_\_\_\_

No End Date

### Credit Card Information

Card Type Check One \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ AMEX

Card Holder Name: \_\_\_\_\_

Card Holder ZIP Code from credit card billing address \_\_\_\_\_

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Three Digit Code on Back of Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_