

The Jonathan House, Inc.

Where the Captives Go to Be Set FREE

The Jonathan House is so excited that you have chosen us to be a part of your journey to freedom and wholeness. The following pages ask questions about your life – a “Spiritual Inventory” if you will. These questions are very thorough and personal and must be answered truthfully. Take your time in answering and give as much detail as possible. Before you start to fill out your questionnaire, spend a few moments in prayer asking the Holy Spirit to bring back memories that you may have suppressed or forgotten. The more details and information you can provide to us, the more thorough your ministry session will be. Attach additional sheets that are either typed or legibly handwritten as needed to fully explain any item.

During your scheduled ministry session you will have a ministry team of up to three people dedicated to working only with you. Our desire is to allow the Lord to work through us so you can be free of the issues that hold you back and keep you from fully entering your destiny. After ministering to hundreds of people since the ministry was established in 2002, we are well equipped to effectively deal with any problem or situation that may be plaguing you.

After reading through the questionnaire you will understand and appreciate the high importance The Jonathan House places on confidentiality. Our goal is to treat every person with dignity, compassion, and honor. While your past may be cluttered with poor choices, regret, and embarrassment, our ultimate focus is not on your past but on your restoration and wholeness. Your questionnaire is kept under lock and key and is viewed only by your ministry team who hold to a strict policy of confidentiality.

In order to more efficiently schedule your ministry appointment and to better help our office staff process your request for ministry, we ask you to do two things. Please do not print off your questionnaire double-sided. Single sided print is much easier for our processing and our ministry teams to work with. Secondly, we ask that you fill out the scheduling request form found on page 22 and return it with your completed questionnaire. This will aid our office staff in offering the most convenient day and time for you to receive ministry.

After filling out the questionnaire in its entirety, please mail it to P.O. Box 5936 Rochester, MN 55903. Upon receiving your questionnaire and appointment reservation deposit as discussed on page 22, we will contact you to set up your personal ministry session. Our prayer is that the Lord would give you peace and clarity of mind while you fill out the questionnaire. If you have any questions or concerns, please contact us at 507-282-8845 or on the web at www.jonathanhouseministries.com

We look forward to meeting with you.

Sincerely,

The Team at The Jonathan House Ministries

The Jonathan House, Inc.
P.O. Box 5936, Rochester, MN 55903
507-282-8845

**Please write legibly and only use a BLACK INK pen.
Please fill out and return ALL pages of the questionnaire.**

Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____ E-Mail: _____

How did you hear about The Jonathan House?

General Information

Age: _____

Marital Status: single: ___ married: ___ widowed: ___ divorced: ___ remarried: ___

Number of marriages: 1 2 3 4 5 Length of marriage #1: ___ #2: ___ #3: ___ #4: ___ #5: ___

Name of spouse and/or former spouse(s) (first name only)

Cause for each divorce:

1 _____

2 _____

3 _____

If more than 3 divorces please write on back.

Number of children: _____

Names of children: _____

Any special problems or concerns with any of your children? _____

Current occupation: _____

1. What was your church background during your childhood?

2. What church denomination do you currently attend? _____

3. Do you remember a time when you confessed your sins and asked Jesus into your heart? Yes: ___ No: ___

4. Briefly explain your conversion experience and whether your life really changed:

5. Were you baptized as a child? Yes: ___ No: ___ Sprinkled: ___

6. Were you baptized after conversion? Yes: ___ No: ___ Sprinkled: ___ Immersed: ___

7. In one word, who is Jesus Christ to you? _____

8. What does the blood of Jesus mean to you? _____

9. Is repentance part of your Christian life? Yes: ___ No: ___

Briefly explain: _____

10. What is your prayer life like? _____

11. Do you have assurance of salvation? Yes: ___ No: ___

If **not**, briefly explain: _____

12. Do you have a problem with doubt and unbelief in everyday Christian living? Yes: ___ No: ___

If yes, briefly explain: _____

Ancestry

1. If known, list the names of your Great Grandparents:

Great Grandparents (Father's side): _____

Great Grandparents (Mother's side): _____

2. If known, list the country of origin of your Great Grandparents: (City, State, Country)

Great Grandparents (Father's side): _____

Great Grandparents (Mother's side): _____

3. What are the names of your Grandparents?

Grandparents (Father's side): _____

Grandparents (Mother's side): _____

4. If known, list where your Grandparents were born: (City, State, Country)

Grandparents (Father's side): _____

Grandparents (Mother's side): _____

5. Briefly explain your relationship with your grandparents on both sides:

Grandparents (Father's side): _____

Grandparents (Mother's side): _____

6. Where were your parents born? (City, State, Country)

Father: _____

Mother: _____

7. Were, or are, your parents or grandparents superstitious?

Yes: ___ No: ___ Don't know: ___

If yes, list who and briefly explain: _____

Were, or are, you superstitious? Yes: ___ No: ___

If yes, briefly explain: _____

8. Did either of your parents or any of your grandparents suffer from depression?

Yes: ___ No: ___

If yes, list who and why (if known): _____

9. Has any parent, brother, sister, or grandparent suffered from an acute nervousness or nervous or mental problem?

Yes: ___ No: ___

If yes, list who and what problem (if known): _____

Childhood and Adolescence

1. Were you a planned child?

Yes: ___ No: ___ Don't know: ___

A. Were you the gender both parents wanted?

Yes: ___ No: ___ Don't know: ___

B. Were you conceived out of wedlock?

Yes: ___ No: ___ Don't know: ___

C. Were you adopted?

Yes: ___ No: ___ Don't know: ___

If yes, at what age? _____

D. If adopted, do you know anything about your birth parents?

Yes: ___ No: ___

If yes, explain: _____

2. Did your mother suffer any trauma during her pregnancy with you?

Yes: ___ No: ___ Don't know: ___

If yes, briefly explain (if known): _____

A. Did you have a difficult or complicated birth? Yes: ___ No: ___ Don't know: ___

B. Were you bonded at birth? Yes: ___ No: ___ Don't know: ___

C. Were you a breast fed baby? Yes: ___ No: ___ Don't know: ___

3. Was your father: Passive: ___ Loving/Caring: ___ Manipulative: ___ Other: ___
Briefly explain: _____

A. Did he show or express love to you as a child? Yes: ___ No: ___ Not sure: ___

B. Any special problems with your father? Yes: ___ No: ___

If yes, briefly explain: _____

C. Describe briefly your relationship with your father: _____

4. Was your mother: Passive: ___ Loving/Caring: ___ Manipulative: ___ Other: ___

Briefly explain: _____

A. Did she show or express love to you as a child? Yes: ___ No: ___ Not sure: ___

B. Any special problems with your mother? Yes: ___ No: ___

If yes, briefly explain: _____

C. Briefly describe your relationship with your mother: _____

5. Was yours a happy home during childhood? Yes: ___ No: ___

Briefly explain: _____

6. How would you describe your family's financial situation when you were a child?

Poor: ___ Slight Financial Struggles: ___ Moderate: ___ Affluent: ___

7. Are your parents living?

Father: Yes: ___ No: ___ Mother: Yes: ___ No: ___

8. Are, or were, they Christians?

Father: Yes: ___ No: ___ Mother: Yes: ___ No: ___

9. Are your parents divorced? Yes: ___ No: ___

Briefly explain how it affected you: _____

A. How old were you when they were divorced? _____

B. Is either parent remarried?

Father: Yes: ___ No: ___ Mother: Yes: ___ No: ___

C. How is your relationship with your stepparent(s)? _____

D. Is (are) your stepparent(s) Christians? Yes: ___ No: ___

E. Do you have?

Stepbrothers: Yes: ___ No: ___

Stepsisters: Yes: ___ No: ___

F. How was your relationship with your stepbrother(s)/stepsister(s) when growing up?

G. How is your relationship now? _____

10. Do you have brothers and sisters? Yes: ___ No: ___

A. If yes, list siblings below:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

B. Where do you fall in the sibling line? _____

C. How was your relationship with them growing up? _____

D. What is it like now? _____

11. Were you called any names that were hurtful to you during your childhood or adolescent years?

If so, what were they? _____

12. Were you lonely as a teenager? Yes: ___ No: ___ Sometimes: ___

If so, then briefly explain: _____

13. Do you or have you had difficulty in learning or comprehending new academic information?

Yes: ___ No: ___

14. Did anyone make learning difficult for you while in school or college?

Yes: (if so, who?) _____ No: ___

15. Were you placed in "Special Ed" classes while you attended school? Yes: ___ No: ___

16. Were you made fun of in school due to a difficulty in learning? Yes: (if so, who?) ___ No: ___

17. Do you come from a prideful family? Yes: ___ No: ___

18. Do you personally have problems with pride? Yes: ___ No: ___ Maybe: ___

If yes, briefly explain: _____

Personal Information

1. What is your country of birth? _____

2. Have you lived in other countries? Yes: ___ No: ___

If yes, list where: _____

3. Has lying or stealing been a problem to you? Yes: ___ No: ___

Is it now? Yes: ___ No: ___

4. Do you have trouble receiving love? Yes: ___ No: ___ At times: ___

If yes, briefly explain: _____

5. Do you find it easy to communicate with persons close to you?

I have real difficulty: ____

I have some problems at times: ____

I am willing: ____

It is easy: ____

6. Are you a perfectionist?

Yes: ____ No: ____ Not Sure ____

7. Were your parents perfectionists?

Yes: ____ No: ____ Don't Know ____

8. Are you a critical person?

Yes: ____ No: ____ Maybe: ____

If so, briefly explain: _____

9. Do you feel emotionally immature?

Yes: ____ No: ____ Maybe: ____

If yes, briefly explain: _____

10. Tell us about your self-image: (circle ALL applicable)

Low self-image

Feel insecure

Feel worthless

Feel inferior

Condemn myself

Hate myself

Question my identity

Believe I am a failure

Punish myself (if so, then list how): _____

11. Describe yourself in as many one or two word phrases as you can:

A. _____ H. _____

B. _____ I. _____

C. _____ J. _____

D. _____ K. _____

E. _____ L. _____

F. _____ M. _____

G. _____ N. _____

12. Do you have, or have you had, problems with: (circle ALL applicable)

Impatience

Irritability

Temper

Racial prejudice

Moodiness

Rebellion

Violence

Anger

Stubbornness

Temptation to murder

13. Have you been given to: Swearing: ___ Blasphemies: ___ Obscenities: ___
Do you now: Swear: ___ Blaspheme: ___ Use Obscenities: ___

14. Are you easily frustrated? Yes: ___ No: ___
If yes, do you show it or bury it? Show: ___ Bury: ___

15. Are you:
A. An anxious person? Yes: ___ No: ___
B. Worrier? Yes: ___ No: ___
C. Get depressed? Yes: ___ No: ___
If yes, explain: _____

16. Have you personally ever had:
A. Psychiatric counseling? Yes: ___ No: ___
B. Hospitalization? Yes: ___ No: ___
C. Shock Treatment? Yes: ___ No: ___
D. Psychoanalysis? Yes: ___ No: ___
E. Other: _____

17. Do you have any tattoos? Yes: ___ No: ___
If yes, of what? _____

18. Have you ever been hypnotized? Yes: ___ No: ___
If yes, list when and why: _____

19. Do you suffer from: (circle ALL applicable)

Apathy	Hardness of emotions	Confusion
Doubt	Financial disaster	Unbelief
Infirmities	Frequent sickness	Mockery
Allergies	Comprehension difficulties	Skepticism

20. Do you feel mentally confused? Yes: ___ No: ___

21. Do you have mental blocks? Yes: ___ No: ___

22. Do you have daydreams? Yes: ___ No: ___

23. Do you have mental fantasies? Yes: ___ No: ___

24. Do you suffer from frequent bad dreams? Yes: ___ No: ___

25. Have you ever been tempted to commit suicide? Yes: ___ No: ___

If yes, when and why? _____

Have you tried? Yes: ___ No: ___

If yes, when and how? _____

26. Have you ever wished to die? Yes: ___ No: ___

Spoken it aloud? Yes: ___ No: ___

27. Have you had a strong and prolonged fear to any of the following? (circle ALL applicable)

- | | | | |
|---------------------|----------------------|------------|-----------------------------------|
| Failure | Inability to cope | Inadequacy | Death |
| Authority figures | The dark | Violence | Rape |
| Being alone | Satan & evil spirits | The future | Women |
| Grocery stores | Heights | Insanity | Men |
| Public speaking | People's opinions | Accident | Old age |
| Enclosed places | Terminal illness | Break up | Insects |
| Divorce or marriage | Spiders | Dogs | Snakes |
| Animals | Loud noises | Water | Pain |
| Flying in airplanes | Open spaces | Crowds | Death or injury
of a loved one |

28. Since becoming a Christian, do any of the (above) fears still grip you? Yes: ___ No: ___

If yes, list which ones: _____

29. Have you served in the armed forces? Yes: ___ No: ___

If yes, then list years of service, foreign deployments, and where you served:

Unforgiveness

1. As a child or teenager, did you suffer an injustice? Yes: ___ No: ___

If yes, list what and by whom: _____

2. As an adult, did you suffer an injustice? Yes: ___ No: ___

If yes, list what and by whom: _____

3. Do you have unforgiveness toward anyone? Yes: ___ No: ___

If yes, list toward whom and why: _____

4. Do you have resentment toward anyone? Yes: ___ No: ___

If yes, list toward whom and why: _____

5. Do you have bitterness toward anyone? Yes: ___ No: ___

If yes, list toward whom and why: _____

6. Do you have hatred toward anyone? Yes: ___ No: ___

If yes, list toward whom and why: _____

7. If married, are there any issues with your spouse that need to be addressed? Yes: ___ No: ___

If yes, explain: _____

Organizations

1. Have you, your parents or grandparents been in any cults? (circle ALL applicable)

- Christian Science Mormons Jehovah’s Witnesses
- Gurus Unity Bahai
- Spiritist churches Religious communes Unification (Moonies)
- Scientology Native religions

Eastern religions such as Hinduism, Buddhism (Zen, Tibetan, Islam)

Other: _____

2. Have you, or to your knowledge, has any close family member been involved in: (circle ALL applicable)

- Free Mason Oddfellow Rainbow Girl Mormon
- Eastern Star Shriner Elk Demolay
- Job’s Daughter Daughter of the Nile

If yes, list whom and what rank (or years involved): _____

3. Are there any Masonic regalia or memorabilia in your possession? Yes: ___ No: ___

If yes, list what: _____

4. Is there any regalia or memorabilia in your possession associated with any other organization listed above? Yes: ___ No: ___

If yes, list what: _____

Occult

1. Have you made a pact with the devil? Yes: ___ No: ___
If yes, was it a blood pact? Yes: ___ No: ___
What was it? _____
When? _____
Why? _____
Are you willing to renounce it? Yes: ___ No: ___
2. To your knowledge, has any curse been placed on you or your family? Yes: ___ No: ___
By whom? _____
Why? _____
Explain: _____

3. To your knowledge, have your parents or any relative as far back as you know, been involved in occultism? Yes: ___ No: ___
Who and doing what? _____
To what extent? _____
4. Have you ever had involvement with any of the following? (Circle ALL applicable)
- | | | |
|------------------|--------------------------------------|----------------------------|
| Fortune tellers | Tarot cards | Ouija boards |
| Séances | Mediums | Palmistry |
| Astrology | Color therapy | Levitation |
| Astral travel | Horoscope | Luck charms |
| Black magic | Demon worship | Asked for a spirit guide |
| Clairvoyance | Crystals | Done automatic handwriting |
| New Age Movement | Been to a curandero or native healer | |
- Are there any articles in your possession associated with any item listed above? Yes: ___ No: ___
If yes, list what: _____

5. Have you ever been involved in any witchcraft, demonic, or satanic things? Yes: ___ No: ___
If yes, list what: _____
6. Have you ever read books on occultism or witchcraft? Yes: ___ No: ___
If yes, why? _____

7. Have you ever played demonic games (such as Dungeons & Dragons)? Yes: ___ No: ___
Do you now? Yes: ___ No: ___
8. Have you ever watched demonic films? Yes: ___ No: ___
Do you now? Yes: ___ No: ___
9. Have you been involved in transcendental meditation? Yes: ___ No: ___
If yes, do you have a mantra? Yes: ___ No: ___
If yes, what is it? _____
10. Have you ever visited heathen temples? Yes: ___ No: ___
If yes, when? _____
A. Made offerings? Yes: ___ No: ___
If yes, what were they? _____

- B. Did you take part in the ceremony? Yes: ___ No: ___
Explain: _____

11. Have you ever done any form of yoga? Yes: ___ No: ___
A. Meditation? Yes: ___ No: ___
B. Exercises? Yes: ___ No: ___
C. Do you practice it now? Yes: ___ No: ___

12. Have you ever learned or used any form of mind communication or mind control? Yes: ___ No: ___
If yes explain: _____

13. Have you ever worn lucky charms, fetishes, amulets, or zodiac signs? Yes: ___ No: ___
Do you have any in your possession? Yes: ___ No: ___

14. Do you have in your home any symbols of idols or spirit worship, such as: (circle ALL applicable)

- | | | |
|---------------|----------------------------|-------------------------------------|
| Buddha | Totem poles | Painted facemasks |
| Idol carvings | Fetish objects or feathers | Pagan symbols |
| Tikis | Kachina dolls | Theatrical comedy/tragedy facemasks |

Native art – what kind: _____

Where are they from and how did you get them? _____

14. Do you have any other items in your possession
that may be considered occult in nature? Yes: ___ No: ___

If yes, list items: _____

15. Have you ever learned any martial arts? Yes: ___ No: ___

Do you practice it now? Yes: ___ No: ___

16. Have you ever had premonitions? Yes: ___ No: ___

17. Have you ever been involved in any form of black magic or voodoo? Yes: ___ No: ___

If yes, list what and when: _____

Sexuality

1. Do you have lustful thoughts? Yes: ___ No: ___
If yes, what? _____

If yes, what frequency? _____
2. To your knowledge, was there evidence of lust
in your parents, grandparents or back further? Yes: ___ No: ___
Explain: _____

3. Are you a frequent masturbator? Yes: ___ No: ___
If yes, how often? _____
If yes, do you know why? _____

Do you feel it is a compulsive problem? Yes: ___ No: ___
4. Have you ever been sexually molested
by anyone as a child or teenager? Yes: ___ No: ___
If yes, by whom? _____
If yes, more than once? Yes: ___ No: ___
Explain: _____
If yes, were you raped? Yes: ___ No: ___
By whom? _____
More than once? Yes: ___ No: ___
Explain: _____

5. Have you ever been a victim
of incest by a family member? Yes: ___ No: ___
If yes, by whom? _____
How often? _____
Over an extended period of time? Yes: ___ No: ___

6. Have you ever molested or raped anyone? Yes: ___ No: ___
 If yes, list first name(s) (if known) and when: _____

7. Have you ever committed incest? Yes: ___ No: ___
 If yes, list first name(s) and when: _____

8. Have you ever been raped? Yes: ___ No: ___
 If yes, list first name(s) (if known) and when: _____

 Explain: _____

9. Have you ever committed fornication (single persons)? Yes: ___ No: ___
 If yes, how many partners? _____
 List first names and when: _____

10. Have you ever had sex with a prostitute? Yes: ___ No: ___
 If yes, how many: _____
 When? _____
11. Have you ever been involved in prostitution? Yes: ___ No: ___
12. Have you ever committed adultery (at least one partner married)? Yes: ___ No: ___
 A. If yes, list first name(s) and when: _____

- B. If yes, are you currently involved in an illicit relationship? Yes: ___ No: ___
 List first name: _____
- C. Are you willing to break it off? Yes: ___ No: ___
13. Have you ever had homosexual or lesbian desires? Yes: ___ No: ___
 A. If yes, do you now? Yes: ___ No: ___
 B. Have you ever had homosexual or lesbian experiences? Yes: ___ No: ___
 C. If yes, list with whom and when: _____

14. (Married Women Only) Are you frigid? Yes: ___ No: ___
15. Have you ever sexually fantasized about an animal? Yes: ___ No: ___
16. Have you ever committed a sex act (bestiality) with an animal? Yes: ___ No: ___
If yes, kind(s) of animal(s) involved: _____

17. Have you ever viewed pornography? Yes: ___ No: ___
A. If yes, how did you become involved? _____

B. Name persons involved: _____

C. To what extent? _____

D. Is it still a problem? Yes: ___ No: ___
E. Have you seen pornographic movies? Yes: ___ No: ___
F. Have you seen live sex shows? Yes: ___ No: ___
G. Have you viewed pornography on the internet? Yes: ___ No: ___
H. Do you currently purchase or rent pornography, or have such a channel
on your home television? Yes: ___ No: ___

18. Have you ever been involved in oral sex? Yes: ___ No: ___
If yes, with whom? _____

19. Have you been involved in anal sex? Yes: ___ No: ___
If yes, with whom? _____

20. Women Only:

A. Have you ever had an abortion? Yes: ___ No: ___
If yes, how many? _____
If yes, list dates and father(s) name(s): _____

B. Have you had any miscarriages? Yes: ___ No: ___
If yes, how many? _____
Briefly explain: _____

C. Have you had any still-born babies? Yes: ___ No: ___
If yes, how many? _____
Briefly explain: _____

21. Men Only:

A. Have you ever fathered a child that was forcefully aborted? Yes: ___ No: ___

B. If yes, how many? _____

C. If yes, list mother(s) first name(s) and when: _____

22. Have you been plagued with desires of having sex with a child? Yes: ___ No: ___

A. If yes, have you actually done so? Yes: ___ No: ___

23. Have you ever had inner sexual stimulation and climax out of your control, especially at night? By this meaning, do you have dreams of a personage approaching and asking to have sex with you, or just doing it, and you “feel” a presence in bed with you, then you wake up with a sexual climax?

(This is something other than a normal nocturnal emission.) Yes: ___ No: ___

24. Have you ever gone to a massage parlor for the sole purpose of being sexually stimulated? Yes: ___ No: ___

25. If married, how would you describe your sexual relationship with your spouse?

Health Conditions

1. Do you suffer from any chronic illnesses or allergies? Yes: ___ No: ___

A. If yes, is it hereditary? Yes: ___ No: ___

2. Have you had any severe accidents or traumas? Yes: ___ No: ___

If yes, explain: _____

3. List major surgeries and approximate date(s): _____

Financial Support & Scheduling Your Ministry Appointment

The ministry that takes place at The Jonathan House is not counseling, therapy, or self-help techniques, what we do is something altogether different. While great therapists and counselors exist, many of them only treat the symptoms of a problem (which are only the outward signs of a greater inward problem) and often are quite expensive, causing you to spend thousands of dollars in trying to cope with your ever-growing pain and your sense of losing control. The ministry offered at The Jonathan House is designed to go after the root of the problem. Many times the issues we struggle with in our life are simply symptoms of a root problem. Why simply treat the symptoms when the root issues have not been addressed? For many, The Jonathan House Ministries has been the key for them to receive freedom from things which have plagued them for numerous years. The Jonathan House is resolved to find the root problem so you can be free from its bondage – forever! Freedom is truly found in spending a few hours with one of our ministry teams and letting God set you free!

The Jonathan House has as our main goal – “*to set the captives free,*” and the freedom people experience is “*priceless!*” We have a long-standing policy stating we will not withhold ministry from anyone due to a lack of finances. We try to make every effort to provide a variety of ways for you to donate towards your ministry experience. While we would never want finances to hinder anyone from receiving ministry we do want you to be aware we are solely supported by the donations from people receiving ministry. We would ask that you make every possible attempt to make a financial donation towards your ministry experience.

The minimum suggested donation for your personal ministry is \$300. A \$50 deposit should be included with your completed questionnaire when you return it. In regard to the remaining \$250, carefully read over the donation options on the following page and check the one that works best for you. If you wish to discuss other donation options, please contact The Jonathan House office. Since all ministry sessions are by appointment, we will contact you to schedule your personal time of ministry once we have received your completed questionnaire.

Please keep in mind The Jonathan House is only able to offer this much needed ministry to the body of Christ because of generous gifts from people like you. Since The Jonathan House is a non-profit, faith-based organization, and has a 501(c)(3) standing with the IRS all of your financial donations to the ministry are tax deductible. The Jonathan House accepts money orders, cash, checks, Pay Pal, and credit/debit cards.

The number of people waiting to receive ministry always varies. Literally in a matter of hours our ministry work load can go from a few days wait to several weeks. We make every effort to work with your schedule and establish your ministry appointment in a timely manner. On the following page you will find a Financial Support and Scheduling section. Only by completely filling out the Financial Support and Scheduling page and returning it with your completed questionnaire, can we schedule your session appropriately. While we ask you to let us know what days and times work best for your ministry session, and we make every effort to accommodate your request, we cannot guarantee a specific day or time

Financial Support and Scheduling:

Please select one of the following financial donation options:

- Enclosed is my suggested donation of \$300.
- Enclosed is my check for the \$50 deposit and I will donate the remaining \$250 by check, cash, or credit/debit card at the time of ministry.
- Please charge my credit/debit card for the \$50 deposit and I will donate the remaining \$250 by check, cash, or credit/debit card at the time of ministry.
- In place of my \$300 donation, I would like to support The Jonathan House Ministries on a monthly basis in an amount of \$_____.

If you intend to make a donation to The Jonathan House for your ministry session or would like to support The Jonathan House on a monthly basis by using your credit/debit card please fill out the following page and return it with your questionnaire.

What day of the week are you available to receive ministry? (Monday – Friday) _____

What time of the day could you come for ministry?

Morning _____ Afternoon _____ Evening _____

We understand that not everyone is available to schedule a morning or afternoon ministry time so we do allow for evening ministry appointments, however due to the limited number of evening appointments there is a substantial waiting list.

The Jonathan House Ministries

Where the Captives Go to Be Set FREE

Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the credit/debit card information section below and sign the form. 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. You may cancel this automatic billing authorization at any time by contacting us.

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

Card Holder Name: _____

Card Holder ZIP Code from credit card billing address _____

Card Number _____ Expires _____

Three Digit Code on back of card _____

Notify me via email when my credit card is charged.

Signature _____

Date _____