

# DONATION FORM



Name: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

\_\_\_\_\_.

Email Address: \_\_\_\_\_.

Phone: \_\_\_\_\_.

Donation Amount: \$ \_\_\_\_\_.

Please print this form and mail it with your check. Currently, we only accept mailed checks. If you prefer to donate via credit card payment, please donate to the Legal Clinic directly ([www.legalclinic.org](http://www.legalclinic.org)) and designate it to Home Court. Thank you.

## Please send your donation to:

**Home Court**  
**c/o Georgetown University Law Center**  
**600 New Jersey Ave., NW**  
**Washington, DC 20001**  
**(202) 662-9075**  
**[www.homecourtdc.org](http://www.homecourtdc.org)**

