

Evidence Action Donation Form

Please complete all sections of this form. If you wish to donate anonymously, please leave the contact information blank.

Date _____

CONTACT INFORMATION

Donor's Full Name _____

Organization Name (if any) _____

Email _____

Organization Email (if any) _____

Address _____

City _____

State/Province _____

Zip Code _____

Country _____

Phone Number (optional) _____

DONATION INFORMATION

Amount: _____

Would you like to restrict your giving?

☐ No, I choose not to restrict my giving allowing my contribution to go to where the need is greatest

☐ Yes, I choose to restrict my giving to the following:

☐ Dispensers for Safe Water

☐ Deworm the World Initiative

☐ Evidence Action Beta

Is this a Matching Gift?

☐ Yes (Employer's Name) _____

☐ No

How did you hear about us?

☐ Not Specified

☐ The Life You Can Save

☐ Giving What We Can

☐ Personal Recommendation

☐ Social Media

☐ Board Member Referral

☐ Y-Combinator

☐ Crowdrise

☐ Other _____

☐ GiveWell, and if so:

☐ Yes, you may share my information with GiveWell

☐ No, you may not share my information with GiveWell

Should you require any assistance please contact us at donate@evidenceaction.org.

Thank you in advance for your support to Evidence Action.

Please make donation payable to **Evidence Action** and email the completed donation form to donate@evidenceaction.org or mail it to the following address:

PO Box 65480
Washington, DC 20035
United States