Please mail the completed form to GiveWell with your check donation. Thank you!

Name ________________________________

Email address ______________________ Phone # __________________

**Donation allocation.** Please mark the appropriate box(es) to indicate how we should allocate your donation. If you would like to support multiple charities, please indicate the amount that you would like to be allocated to supporting each charity. Note that donor requests to grant donations to our recommended charities are subject to our approval (details on our grant approval process are available here: [www.givewell.org/donate/more-information#allocationrequest](http://www.givewell.org/donate/more-information#allocationrequest)).

☐ Malaria Consortium (SMC program) $________
☐ Evidence Action (Deworm the World Initiative) $________
☐ Helen Keller International (VAS program) $________
☐ Against Malaria Foundation $________
☐ Schistosomiasis Control Initiative $________
☐ Sightsavers (deworming program) $________
☐ END Fund (deworming program) $________
☐ GiveDirectly $________

☐ Grants to recommended charities at GiveWell's discretion $________
☐ Unrestricted (likely GiveWell operating expenses) $________

If you would like to receive GiveWell's monthly newsletter, please check here: ☐

Should we share your name and email address with the charity/charities you support? ☐ Yes ☐ No

Where did you hear about GiveWell? __________________________________________

We plan to send all donation receipts by email. If you would like to receive your receipt by mail instead, please check here and provide your mailing address: ☐

______________________________________________

Thank you for your generous support!

*Please make checks payable to GiveWell. Contributions are tax deductible to the extent permitted by law. GiveWell is tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID #20-8625442.*