## GiveWell

## **Top Charities Check Donation Form**

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: <u>www.givewell.org/donate/more-information#allocationrequest</u>).

		🗆 Malaria Consortium (SMC program)	\$
Top charities		□ Against Malaria Foundation	\$
		□ Helen Keller International (VAS program)	\$
		□ SCI Foundation	\$
		□ Sightsavers (deworming program)	\$
		□ New Incentives	\$
		$\Box$ Evidence Action (Deworm the World Initiative)	\$
		□ END Fund (deworming program)	\$
	L	□ GiveDirectly	\$
		□ Maximum Impact Fund	\$
		$\Box$ Unrestricted (likely GiveWell operating expenses)	\$
If you would lil	to re	eccive GiveWell's monthly newsletter, please check here: $\Box$	
Should we shar	e your	name and email address with the charity/charities you support?	□ Yes □ No
Where did you	hear al	bout GiveWell?	
		pnation receipts by email. If you would like to receive your receive your receive your mailing address: $\Box$	pt by mail instead, please
-			
-			
		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.

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