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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
Email

Organization Name (if any)
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 so that my contribution can support where the need is greatest
Yes, I choose to restrict my giving to the following:
Dispensers for Safe Water
Accelerator
Deworm the World Initiative
Iron and Folic Acid Supplementation

Is this a Matching Gift?

- Yes (Employer's Name)
No

How did you hear about us?

- Not Specified
Personal Recommendation
Y-Combinator
GiveWell, and if so:
The Life You Can Save
Social Media
Crowdrise
The Giving Block
Giving What We Can
Board Member Referral
Other

- Yes, you may share my information with GiveWell
No, you may not share my information with GiveWell

Thank you for your support to Evidence Action!

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

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