**Giving Game Survey (MM/DD/YYYY)**

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

Thank you for participating in this Giving Game! Please complete the survey below to help us learn more about how people think about charitable giving. Any feedback you can provide will help us make future Giving Games better. If you need additional space, you can use the back of this paper.

**What did you like most about this experience? Least?**

**Has this game changed how you think about charitable giving in any way?**

**If you were to make a charitable donation in the near future, what organizations or types of organizations would you be likely to give to? What factors would be most important in your decision?**

**How likely would you be to recommend a Giving Game to a friend? (Circle answer below)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unlikely | Somewhat unlikely | Possible | Somewhat likely | Very likely |
| 1 | 2 | 3 | 4 | 5 |

**Would you like to join GiveWell’s email list, and receive occasional research updates? (Y/N)**

**If “Yes”, please enter your email address below. If you want to unsubscribe later, you can do so at any time.**