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A Natural Field Experiment**

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Allocation Choice in Charitable Giving: A Natural Field Experiment *

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Abstract

This study examines whether charitable giving increases if donors have more choice about how their donations are used. In a field experiment, employees of large Albanian companies were asked to donate to projects administered by Down Syndrome Albania. Treatments varied in whether participants were allowed (or forced) to choose between different projects, and in the amount of information they were given. Giving donors a choice substantially increased giving; information did not. Our setting allows us to consider various mechanisms that could underlie this behavior. We conclude that allocation choice mainly increases donations because donors can target projects they like.

Keywords: charitable giving, allocation choice, forced allocation, preferences, increased agency, information

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1 Introduction

Despite the lack of data on global charitable giving, in the US charitable donations worth around \$200-\$400 billion have been made in the last decade ([Giving USA, 2020](#)). These donations play a role in both channeling funds to the poorest and weakest and providing a valuable service to those who want to do good but have no personal connection to those in need ([Ariely et al., 2009](#)). Although the experimental literature on charitable giving has introduced a gamut of key considerations for day-to-day fundraising practices (see [Jasper & Samek \(2014\)](#), for a review), only a few studies explore the impact of various donation choices on prosocial behavior. In particular, the experimental literature on offering donors a choice about how their donation will be used is limited. This aspect of fundraising is important because it supports the idea that community engagement in decision-making may help improve economic outcomes. For example, a fundraiser who seeks to maximize charitable donations might collect more funds if she forgoes a part of her flexibility in allocation decisions. On the other hand, it is natural for donors to like some projects more than others, and satisfying these preferences may increase charitable donations.

The most common donation choices are those between different recipients ([Cryder et al., 2013](#); [Aretz & Kube, 2013](#)) and different charities that may or may not vary in the type of their recipients ([Eckel et al., 2017](#); [Heist & Cnaan, 2018](#)). These choice treatments make it almost impossible to distinguish whether any positive treatment effect is attributed to preferences for having a choice or for the options associated with the choice. For example, consider donor A, who has the choice to donate to charity (recipient) X or charity (recipient) Y, and donor B, who has no choice but is asked to donate to a randomly chosen charity (recipient). Suppose donor A gives more than donor B. In that case, she does so because either she (1) likes to have a choice regardless of taking it, (2) she identifies herself more with recipient X or Y, (3) has stronger preferences for charity X or Y, (depending on the characteristics of the charities including revenues, overhead costs, and reputation, among others) or (4) she values the openness of the fundraiser which increases trust in general. It is a compelling task to disentangle these four explanations.

In this paper, we build upon the concept of empowering donors with choice and engaging them in the fundraisers' decision making by introducing a novel donation strategy: a choice to allocate gifts to three different projects that benefit the same recipients of a charity, i.e., helping the same individuals in three different ways. Providing donors with the opportunity to make a decision on how their donation will be used may not only increase giving, but may also help donors to gain more meaning from their donation experience ([Whillans, 2016](#)). Hence, we question whether offering donors an allocation choice would increase giving. Since all donations go to the same charity and the same type of recipients, we can test, in a causal way, different mechanisms that could explain

the positive effect of the allocation choice. Specifically, do donors give more because they like to have a choice or because they have stronger preferences for particular projects over other projects? The former is consistent with increased agency, and the latter implies that donors are incentivized to increase giving because each dollar of their gift will go to the project they like more, relative to donors who do not have a choice, for which only a third of the dollar goes to support the preferred project.

We further explore the possibility that donors may like to engage in allocation decisions, but they may not feel sufficiently informed about the impact of the projects. This motivates the question of whether giving increases if we offer donors a chance to make more-informed allocation decisions. To answer these questions, we designed and implemented a natural field experiment of donations to children with Down Syndrome in Albania. The experimental design consisted of three treatments: (1) a choice to allocate donations between therapy, humanitarian aid, and entertainment; (2) a forced-allocation decision; and (3) a forced allocation decision with a chance to acquire more information about the aid-effectiveness of each of these projects.

Previewing the results of our study, offering donors an allocation choice increased donations by 80.9%, and 74.55% took the allocation option. However, when we took away the choice and forced donors to allocate, mean donations doubled, suggesting that the large effect of the allocation choice was not causally driven by donors liking to have a choice. We also found that the mean donations in each of the three projects were different, and most donors chose to allocate their gifts unequally. Hence, the effect is causally driven by the fact that through allocation, donors can donate more to the projects they like more. Since we found no effect on the likelihood of donating, it is unlikely that trust plays a role. Lastly, introducing an information link increased donations relative to the control group by 52.3%, which is lower than the shift in the forced allocation treatment. This result suggests that allocation and information on aid effectiveness do not work hand in hand. To shed more light on why the provision of more information in addition to allocating donations lead to a decrease in donations, and to obtain feedback on the fundraising campaign, we conducted an incentivized follow-up survey with participants and non-participants of the main experiment. The results of the follow-up survey are consistent with our findings.

This paper is closely related to four natural field experiments that empowered donors with more agency. [Eckel et al. \(2017\)](#) asked the alumni of a US university to choose to donate to a general fund or a restricted fund that benefits the students of the program from which they graduated. Conditional on taking the choice, donors could allocate a part or all of their contribution to the restricted fund. They found significant effects of the choice on donations, and only a few donors availed themselves of the fund choice.

While it is tempting to attribute this treatment effect to increased agency or to donors liking to have a choice, such an interpretation would not be causal since taking up the choice is entirely endogenous. Our experimental design is different in that it isolates the choice between two charities or different recipients, allowing donors to help the same individuals in three different ways. This makes it possible to test whether the positive effect on generosity is attributable to donors liking to have a choice.

[Heist & Cnaan \(2018\)](#) asked participants in the treatment group to choose one out of ten charities to donate to and assigned one randomly chosen charity to participants in the control group. They found a positive effect of having a choice of charity on giving, although it is impossible to disentangle preferences for choice from preferences for charities. [Kessler et al. \(2019\)](#) gave a sense of choice to the alumni of a university in the US over how donated funds would be used. The treated alumni could choose one out of four projects based on what they thought was more important for students. They found significant treatment effects only among rich and powerful donors. While in the study by [Kessler et al. \(2019\)](#) donors might have been uncertain whether their choice would affect the allocation of funds, in this study, we empower donors with agency rather than a sense of agency.

Design-wise, we build on the study by [Aretz & Kube \(2013\)](#), who asked donors whether they wanted to choose their object of benevolence. Conditional on taking up the choice, they could choose one to five recipients, but the amount would be split equally among those chosen unless they picked a single recipient who would receive the entire gift. Our treatment is different since it allows donors to allocate their gifts among three projects as they prefer. Moreover, and to the best of our knowledge, this is the first study that evaluates the impact of a forced choice on donations. This was suggested, but not addressed by [Aretz & Kube \(2013\)](#).

This study contributes to the broad literature on increasing charitable giving by examining allocation choice as an unexplored fundraising strategy that increases giving. Specifically, we add to the growing literature on how donated funds will be used ([Gneezy et al., 2014](#); [Kessler et al., 2019](#)). Further, our experimental design allows the separation of several mechanisms that may underlie the effect of the allocation choice. We provide causal evidence that donors do not increase giving because they like to have a choice but because they have stronger preferences for some projects than others. To the best of our knowledge, this is the first study to show that donors increase giving even when the fundraiser forces them to make allocation decisions rather than allowing them to choose.

The findings of this study also relate to the literature on directed giving by showing that the vast majority of donors avail themselves of the allocation choice, in contrast to the results of [Eckel et al. \(2017\)](#) and [Aretz & Kube \(2013\)](#), which found that only a

few donors chose to direct their gifts. This suggests that the choice take-up rate may depend on the framing and strength of the treatment. Moreover, our findings relate to the under-researched literature on the role of information about aid effectiveness in giving. [Karlan & Wood \(2017\)](#) find that information about aid effectiveness has a positive effect on the contributions of large prior donors, while it harms the contributions of small prior donors, with no effect overall. On the other hand, [Metzger & Günther \(2019\)](#) find no impact of information about aid impact on average donations. While this study does not focus on the causal impact of information about aid effectiveness on giving, it adds to this literature by concluding that information on aid effectiveness does not work hand in hand with allocating donations.

This study is also related to the literature on tax compliance, in which allowing citizens to allocate a certain percentage of their tax payment to government spending categories has been shown to increase tax compliance ([Lamberton, 2013](#); [Lamberton et al., 2014](#)). Further, it relates to the volunteering literature, in which [Mertins & Walter \(2020\)](#) found that volunteers produced more output when they had a chance to vote on how the money that was raised would be spent. Lastly, we add to the growing literature on detecting misperceptions about others ([Bursztyń & Yang, 2022](#)). Similarly to the recent study by ([Drouvelis & Marx \(2022\)](#)), we find that people are overly optimistic about the charitable donations of others.

The remainder of this study is organized as follows. Section (2) presents the experimental environment and treatments. Section (3) discusses the mechanisms underlying the impact of the allocation choice. Sections (4) and (5) introduce the main results and the results of the follow-up survey, respectively. Section (6) concludes.

2 Experimental Design

2.1 Setting

In this project, we partnered with the Down Syndrome Albania Foundation (DSA), a member of Down Syndrome International and the European Down Syndrome Association, among other reputable international NGOs. Dedicated to promoting and supporting the right of acceptance, inclusivity, and integration of children with Down Syndrome in Albanian society, the DSA is a fundraising organization that aims to facilitate the therapeutic treatment, entertainment, and humanitarian needs of children with Down Syndrome and other intellectual disabilities. The setting consists of donations to children with Down Syndrome (DS) in Albania.

We used the list of companies that regularly support the DSA and their employees

were our potential donors. We prepared a detailed invitation letter that was sent to the HR departments of these firms along with detailed instructions about the implementation of the project. Overall, we recruited 22 out of the 38 firms that we approached, with a total of over 5000 employees (excluding production/field workers). While the board of each corporation was fully informed about the scientific purpose of this project, the employees were not. Randomization happened at the individual level, and in most cases, we performed it on the HR managers' computers so that we would have no access to the e-mail distribution list of these firms. In the remaining cases, the HR departments willingly performed the randomization on their own using written and video instructions that we sent them in advance, and documented the process afterwards.

In the next step, the HR departments sent four randomized group e-mails,¹ which contained an introduction to the cause and an online survey link, which differed according to the four experimental conditions. The introduction to the e-mail made it clear that their firm was collaborating with the DSA to raise awareness and funds to support children with Down Syndrome in Albania. We employed a web developer to design the survey links through a Google server, which was built into the website of the DSA, via a sub-domain. This choice made the survey look more professional, it helped to eliminate doubts that the survey link and donation process were scams.

It is worth noting that if an employee clicked the survey link, she could observe the treatment section after filling in the initial survey questions. The first ten questions of each survey link were identical and intended to collect information on gender, age, civil status, parental status, education, job position, and past donation behavior. Through the rest of the questions, we asked employees whether they would like to donate and, if so, what the size of their gift would be. The survey was fully anonymous, and its questions were not sensitive. The ethical approval of the experiment was also sent to the HR departments, along with the invitation to participate in the project.

Further, to give donors more flexibility in giving, the donation links remained active for roughly two weeks. During this period, the HR departments sent 2-3 kind reminder emails, according to the response rate. While the timing of the first e-mail was random, the kind reminder e-mails were programmed during low workload days. In the following sub-section, we describe the four experimental conditions.

¹The translated version of the e-mail can be found at the end of the appendix in Figures A6 & A7 of the appendix.

2.2 Experimental conditions

The experimental design consisted of four experimental conditions and measured two outcomes: the likelihood to donate (the extensive margin) and the size of the gift (the intensive margin). Participants were randomly assigned to one of the following experimental conditions. Before making any decision, they were invited to read three short sentences about the three projects that benefit children with Down Syndrome: therapy, entertainment, and humanitarian aid. They then had to decide whether they wished to donate and, conditional on agreeing to donate, were asked to write down the amount of their gift and proceed to the bank transfer section of the website. These decisions were expected to vary across experimental conditions (see also Figure 1):

C Participants assigned to the control group (**C**) made two decisions: whether to donate and how much to donate. They were not offered an allocation choice or asked to complete an allocation task. However, they knew their donation would fund all three non-mutually-exclusive projects.

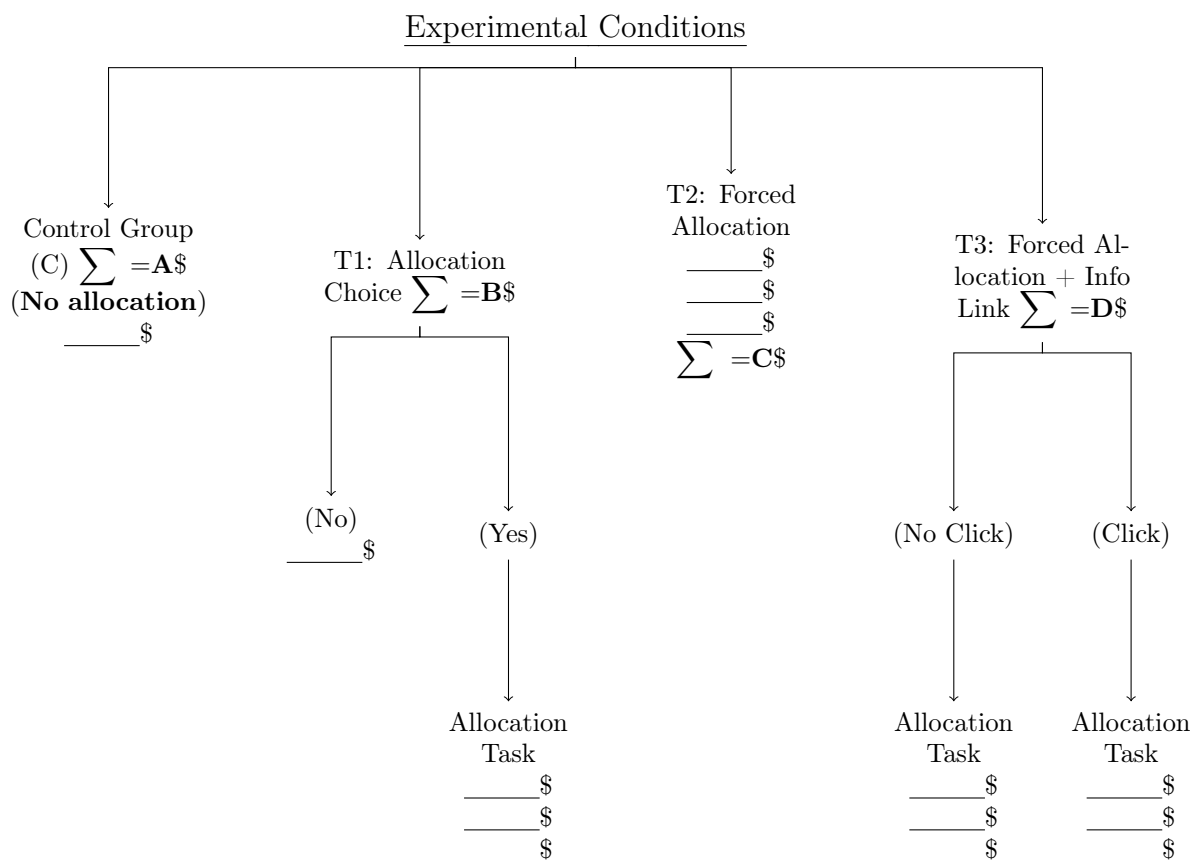
T1 Participants assigned to the first treatment (**T1**) were asked to choose whether they preferred to allocate their contribution to three projects themselves. Conditional on taking the choice, they had to allocate their donation to one or a combination the following projects: therapy, humanitarian aid, and entertainment. If they did not take the allocation option, they were asked to indicate their donation amount. We label this treatment as *allocation choice*.

T2 The second treatment (**T2**) was the *forced-allocation*, in which, conditional on agreeing to donate, participants had to allocate their contribution to one, or a combination of the three projects. Their only way out was not to donate.

T3 The third treatment group (**T3**) was identical to **T2** up to the addition of a link that participants could click if they wished to read detailed information about the charity projects and how these projects impact children with Down Syndrome — clicking the link and reading the information means that they can make more-informed allocation decisions. We label this treatment as *forced-allocation and link* or simply *link*.

To ensure that the treatments affected the donation decisions at both the extensive and intensive margins, the treatment information and both decisions appeared at the same time on the screen.

Figure 1: Experimental Design



3 Mechanisms

Experimentally, it is a compelling task to distinguish whether an increase in giving from donors who have allocation choice is attributable to preferences for having a choice or preferences for the options associated with it. For example, some donors may care about how they wish to donate, in the sense that they may like to distribute donations to several projects as they prefer, while others may want to delegate this task to the fundraiser. The fact that donors have the freedom to choose how they wish to donate may lead to higher giving. We define this potential mechanism as *preference for having a choice*, which is consistent with increased agency.

Alternatively, donors may have *preferences for the projects* they can donate to. Through the allocation option, donors can clearly state these preferences and are thus likely to increase their giving. For example, a donor who has allocation choice and likes one project more than the other two can donate the whole dollar to that project, and thus she is likely to give more. By contrast, a donor who does not have the allocation

choice expects that only a third of that dollar will go to that project. In this section, we describe how we plan to disentangle these two mechanisms.

We designed a control group and two treatment groups: allocation choice and forced-allocation. Under the former condition, participants may choose whether to allocate their gift to three projects. Under the latter condition, they must allocate their donations or choose not to donate as their only way-out option. The preference for having a choice mechanism would be at work if those forced to allocate their gifts respond negatively by donating less than those who do not have any allocation option and less than those who can choose to allocate donations. Alternatively, if forcing people to allocate increases giving relative to the control group but does not necessarily increase donations relative to the allocation choice group, the preference for projects mechanism would be driving the effect of the allocation choice. It is worth noting that taking the allocation choice is entirely endogenous and cannot be used as a tool for disentangling mechanisms. The share of donors who take the allocation option suggests whether donors like to allocate. The second mechanism is valid if we show that donors have stronger preferences for some projects and choose to give more to those projects.

3.1 Alternative mechanisms

Here we discuss a few other non-behavioral mechanisms that may mediate the effect of allocation choice. For example, people may donate more when they have a choice to allocate their gifts because the charity may seem more transparent/open to them. Further, allocating donations may reduce the uncertainty over a possible mismanagement of the charity's funds by the fundraiser. While donors have preferences for impactful giving (Cryder et al., 2013; Aknin et al., 2012), mismanagement is a problem since it might reduce the impact of donations. It has been shown in laboratory experiments that donors give less when there is a greater risk that their donation will have less impact (Krawczyk & Lec, 2010; Brock et al., 2013; Exley, 2015; Garcia et al., 2020). To isolate mechanisms related to trust or transparency, which are well-explored in the literature, donors were asked to donate to an NGO that receives annual gifts from these companies. Further, they knew that the fundraising campaign was an institutional collaboration between the charity and their employer. It is unlikely that donors perceived the engagement by the fundraiser as a signal of her incompetency in using the donated funds. These and other mechanisms related to trust would be more relevant in contexts where the charity has a bad reputation for wasting funds. We provide additional evidence from a follow-up survey that mechanisms related to trust are unlikely to play a role.

4 Results

4.1 Sample characteristics and randomization check

This section presents the results of this study. First, we describe a few characteristics of the overall sample. Only 1042 employees responded to the e-mails, a roughly 20% response rate. Table A1 in the appendix presents the response rate by treatment. The forced-allocation group had a lower participation rate of 18.64%, which is statistically different from that of the control (p -value = 0.026) and link (p -value = 0.065) groups, but statistically indistinguishable from the participation rate of the allocation choice group (p -value = 0.160). Since none of the participants could observe the treatment without answering the initial survey questions, the small-in-size differential attrition is random.

Sample characteristics are displayed in Table A2 in the appendix. The mean age of participants is 36, and 58% of them are females. Regarding civil status, 54.4% are married, 35.7% are single, 7.2% cohabit, and only 2.7% are divorced. Parents make up 55.6% of the sample. 69% of the employees have a master's degree, 9.5% have a doctoral degree, 18.3% are graduates, and only 2.5% are undergraduates. Concerning job positions, 63.2% are specialists, 28.9% are managers, and 7.87% are executives. While 40.3% were sufficiently aware of people with intellectual disabilities (PID), 57.5% had previously donated to support them. 60.2% were well aware of the Down Syndrome Albania Foundation, but only 12.4% had previously donated to the NGO. Table A3 in the appendix displays the results of the OLS regression of the likelihood to donate on the baseline characteristics. Older and more educated employees are more likely to donate, and gender does not matter in their decision to give. Those employed in high-role jobs are also more likely to donate. While having donated in the past to PID increases the likelihood of donating, past donors to the DSA are equally as likely to donate as new donors. Interestingly, those who feel sufficiently aware of PID are less likely to donate, and being aware of the NGO does not affect the decision to donate.

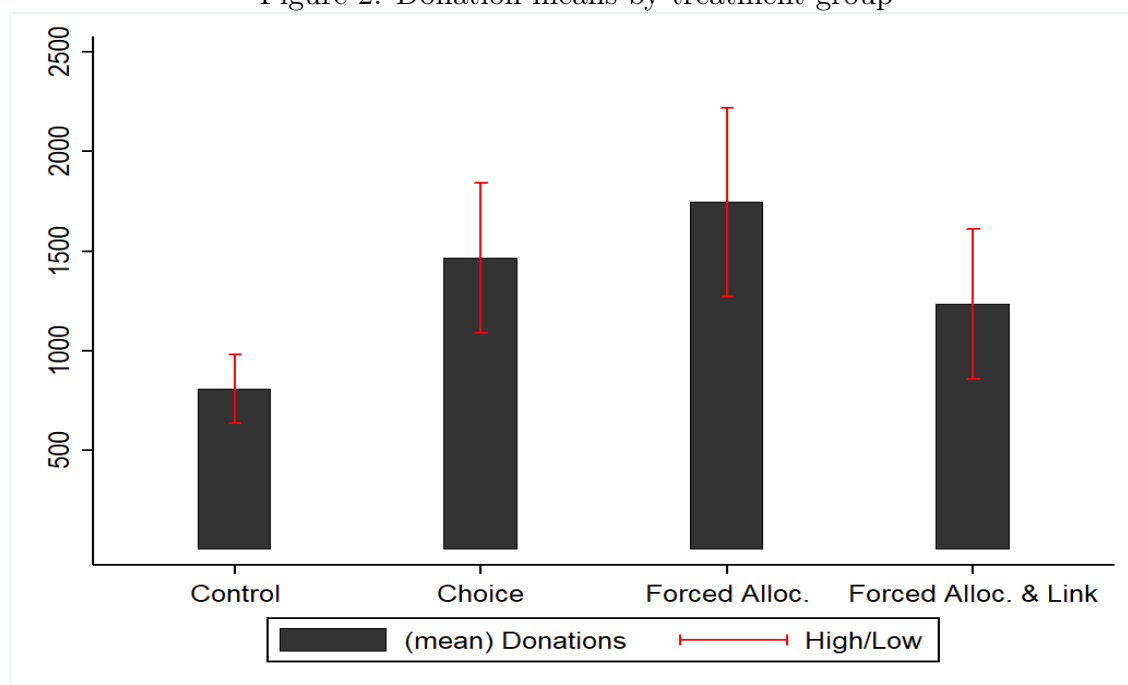
We present our randomization check in Table A4 in the appendix. Given multiple treatments, we ran three least square regressions on three dummies that take the value 0 if an employee is assigned to the control group and 1 if the employee is assigned to one of the other three treatments. We find that the share of those who decided not to specify their gender is smaller in the choice group than in the control group. However, in testing for mean-equality among both groups, we fail to reject the mean-equality hypothesis (Table A5 in the appendix). Similarly, the share of master's degree holders is slightly lower in the choice group than the control group but not statistically different. The share of divorced employees is statistically smaller in the forced-allocation and forced-allocation and link groups (confirmed by Tables A6 and A7 in the appendix). Nevertheless, the p -values

of the joint-orthogonality tests suggest that randomization was implemented successfully and that any differences among the control and treatment groups are random.

4.2 Main results

We now turn to the treatment effects on giving, displayed in Figure 2 and Table 1. First, offering donors a choice to allocate their contributions among three projects increases donations relative to the control group by 80.9% (the control mean is 810.9 Lek (\$7.15) and the allocation choice mean is 1466.9 Lek (\$12.93)). Second, forcing donors to allocate doubles giving relative to the control group. Third, allowing donors to make more informed allocation decisions (link group) increases giving by 52.3%, and 33.6% clicked and confirmed that they read the information on the aid-effectiveness of these projects. These results align with the distribution of the gift size by treatment, shown in Figure A1 in the appendix: relative to the control group, there are fewer small and more large donations by treated donors.

Figure 2: Donation means by treatment group



Note: Each bar shows the mean donations in each experimental condition and the red intervals represent the confidence intervals.

Moreover, all three effects are robust to controlling for baseline characteristics, past donation behavior, and firm fixed effects. We replicated these results using winsorized donations (Table A10 in the appendix) to check whether our results are robust to outliers. While the effects of allocation choice and forced-allocation are stable when we perform winsorization at the 1%, 2%, and 5% levels, the effect of the link treatment vanishes with the 5% winsorization. The treatment effects in Table (1) are also robust to multiple hypotheses testing, and using clustered standard errors at the firm level does not harm our results (Table A9 in the appendix).

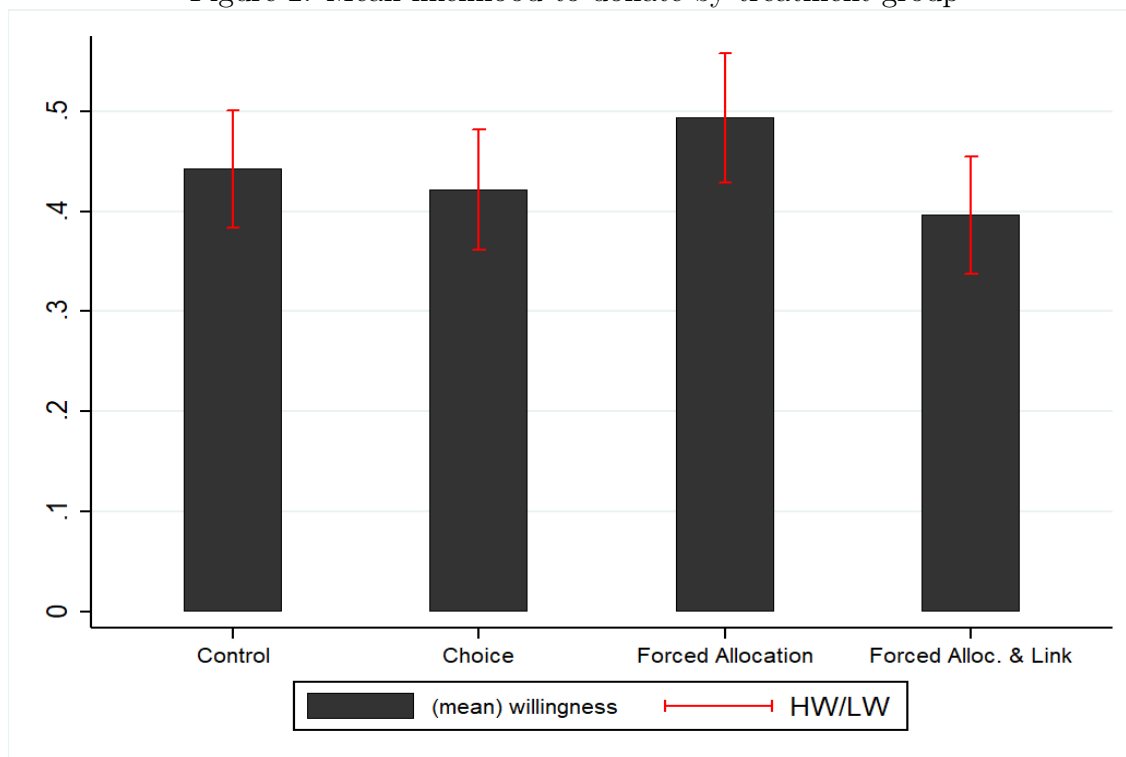
Table 1: Treatment effects on giving

Treatment	(1) Donation	(2) Donation	(3) Donation	(4) Donation
Choice	656.564*** (210.386)	682.073*** (224.478)	664.291*** (213.316)	734.148*** (226.895)
Forced Allocation	934.770*** (255.054)	957.512*** (255.846)	938.081*** (247.176)	999.018*** (252.017)
Forced Alloc. & Link	424.674** (210.111)	512.078** (226.496)	427.483** (201.617)	490.501** (210.343)
Control mean	810.369	810.369	810.369	810.369
Firm FE	No	Yes	No	Yes
Covariates	No	No	Yes	Yes
Observations	1,042	1,042	1,042	1,042
Choice = Forced: p-value	0.364	0.368	0.370	0.381
Forced = Link: p-value	0.096	0.159	0.088	0.099

Note: The first column of this table shows the OLS results of donations on each of the treatment dummies, where the base category is the control group. The remaining columns replicate these results controlling for firm fixed effects (column 2), controls (column 3), and both (column 4). The currency is in Albanian Lek and 1 Lek = 0.0088 \$. Robust standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

We further explore the treatment effect on the likelihood to donate, i.e., the extensive margin (Figure 2 & Table 2). The overall donating rate among those who participated voluntarily in the experiment is 43.7%. The link group has the lowest share of donors, and the forced-allocation group has the highest.

Figure 2: Mean likelihood to donate by treatment group



Note: Each bar shows the mean likelihood to donate in each experimental condition and the red intervals represent the confidence intervals.

The results displayed in Table 2 show that none of the treatments has a causal effect on the likelihood of donating. This result is typical in the experimental literature on charitable giving, suggesting that in most natural fundraising contexts, donors have made up their minds to donate before they face the treatment, meaning that the treatment manipulation does not affect their behavior on the extensive margin (Aretz & Kube, 2013; Eckel et al., 2017; Kessler et al., 2017). Given that there is no treatment effect on the extensive margin, we disregard the treatment effect on donations, conditional on giving (Table A8).

Table 2: Treatment effects on the likelihood to donate

Treatment	(1) Likelihood	(2) Likelihood	(3) Likelihood	(4) Likelihood
Choice	-0.021 (0.043)	-0.022 (0.043)	-0.024 (0.041)	-0.022 (0.042)
Forced Alloc.	0.051 (0.044)	0.049 (0.043)	0.064 (0.043)	0.062 (0.042)
Forced Alloc. & Link	-0.046 (0.042)	-0.015 (0.043)	-0.043 (0.041)	-0.021 (0.042)
Control Mean	0.442	0.442	0.442	0.442
Firm FE	No	Yes	No	Yes
Covariates	No	No	Yes	Yes
Observations	1,042	1,042	1,042	1,042

Note: The first column of this table shows the OLS results of the likelihood to donate on each of the treatment dummies, where the base category is the control group. The rest of the columns replicate these results, controlling for firm fixed effects (column 2), controls (column 3), and both (column 4). Robust standard errors in parentheses. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

4.3 Understanding the effect of the allocation choice

In the previous section, we established a strong effect of allowing donors to allocate gifts among three projects. In this section, we intend to understand what drives this effect. Treatment comparisons suggest that offering donors a choice to allocate their gifts did not lead to more giving than forcing them to allocate. Moreover, 74% of the donors in the choice group availed themselves of the allocation choice. In addition, those who were forced to allocate did not massively choose the way-out option, i.e., not to donate, since there were no differences in the likelihood of donating among the control, choice, and forced-allocation groups. Therefore, donors did not increase their giving because they like to have a choice before donating, i.e., to allocate or not. Conversely, taking away that choice and forcing them to allocate did not harm giving.

Table (3) presents the average donation in each of the three projects. We focus on the choice and forced-allocation columns because donors in the link group might have formed preferences from receiving more information on the aid effectiveness of these projects. Donors in each treatment group had stronger preferences for therapy and donated less for humanitarian aid and entertainment. Moreover, the majority allocated their gift unequally among these projects. Therefore, the effect of the allocation choice is driven by the fact that through allocation, participants donated more to their preferred projects.

In other words, if they preferred therapy to the other two projects, each dollar of their donation went to support therapy, which incentivized them to increase the size of their gift relative to the control group, in which only a third of donation would on expectation, go to therapy.

Table 3: Mean donations to each project by treatment

Projects	Choice	Forced Allocation	Link
Therapy	1499.54	1704.37	1462.43
Humanitarian Aid	1210.74	895.66	901.73
Entertainment	1072.94	935.78	752.30
% of unequal allocations	56.1%	64.3%	61.7%
Obs.	82	115	107

Note: Columns 2-3 indicate the mean donations in each project conditional on giving. The penultimate row shows the percentage of unequal allocation decisions among the three projects. An unequal allocation is any unequal split of a dollar among the three projects. The currency is in Albanian Lek.

The treatment effect of the allocation choice is unlikely to be channeled through an increase in the trust level, because if the treatment increased the average trust level we would also find significant differences at the extensive margin, i.e., the likelihood to donate (Table 2). We further exclude the possibility of anchoring effects because the projects were listed in alphabetical order and were not numbered. In addition, the description of the cause and the projects was unbiased towards a particular project, meaning that the recipients of their gifts would benefit equally from all three projects. While we have argued that trust is not likely to drive the treatment effect, it is more appropriate to ask directly some of the participants of the main experiment and other employees from companies that decided not to participate whether they believe trust plays a role. We designed an online incentivized survey that aims to obtain feedback about the results of this study and the fundraising campaign in general. We present the results of the follow-up survey in Section (5).

4.4 Understanding the role of information on the aid-impact

In Table (1), we showed that donors in the link treatment donated on average 52.3% more than donors in the control group, a shift in the mean donation that is lower relative to the forced-allocation treatment. There is also a difference in mean donations among the forced and link groups at the 10% level, suggesting that information on aid effectiveness and allocating donations do not work hand-in-hand. In Table A11 and Figure A3, we

test for mean equality of donations among several sub-treatment groups, i.e., information clickers/non-clickers, those who took the option to allocate, and those who did not. These comparisons show a negative correlation between receiving more information on aid effectiveness and giving. In particular, those who clicked the link donated on average 1073 Lek less than those forced to allocate (p-value = 0.053). Information clickers and non-clickers donated on average more than donors in the control group, but the difference in donations is larger and more significant among non-clickers. The results of the least-squares prediction of clicking the information link (Table A12) suggest that employees with a master's degree and those who felt sufficiently aware of PID were less likely to click the link. This means that more-informed/aware donors did not find it worth receiving more information about how these projects help children with Down Syndrome. The R^2 of the estimated regression suggests that the observables likely explain 17.3% of the variation in clicking the link.

5 Follow-up survey

For a better understanding of our results, we conducted a follow-up feedback survey with participants and non-participants of the main experiment. The motivation behind this survey was to understand why the information link harmed donations relative to the group that was forced to allocate donations. Moreover, through this survey, we addressed the possibility that the allocation choice increased donors' trust in the NGO as a possible alternative explanation for the increased giving.

It was difficult for some firms to resend a survey link to their employees, but fortunately, some did. We also approached firms that did not participate in the main experiment. We did so because the characteristics of their employees, including wage, age, education, and occupation, among others, were expected to be similar to those who participated in the main experiment. The sample included verified marketing experts and academics in the marketing field in order to receive more professional feedback. We assumed that experts and academics are more knowledgeable about predicting donors' behavior.

We provided a weak incentive to fill in the online survey by revealing the study's main results right after participants completed the survey. We shared the survey in a marketing expert group on Facebook, which contained 35 verified experts, and asked the HR departments of new firms and some of the firms from the first stage to share it with their employees. Lastly, the NGO sent an e-mail to all those who shared their e-mail address in the main experiment. Overall, we received 200 feedback responses. As shown in Table A13, 28% of the respondents were marketing experts, and 52% had taught

marketing as a course in universities or professional training. While 53% were aware of the fundraising campaign, only 33.5% participated as donors.

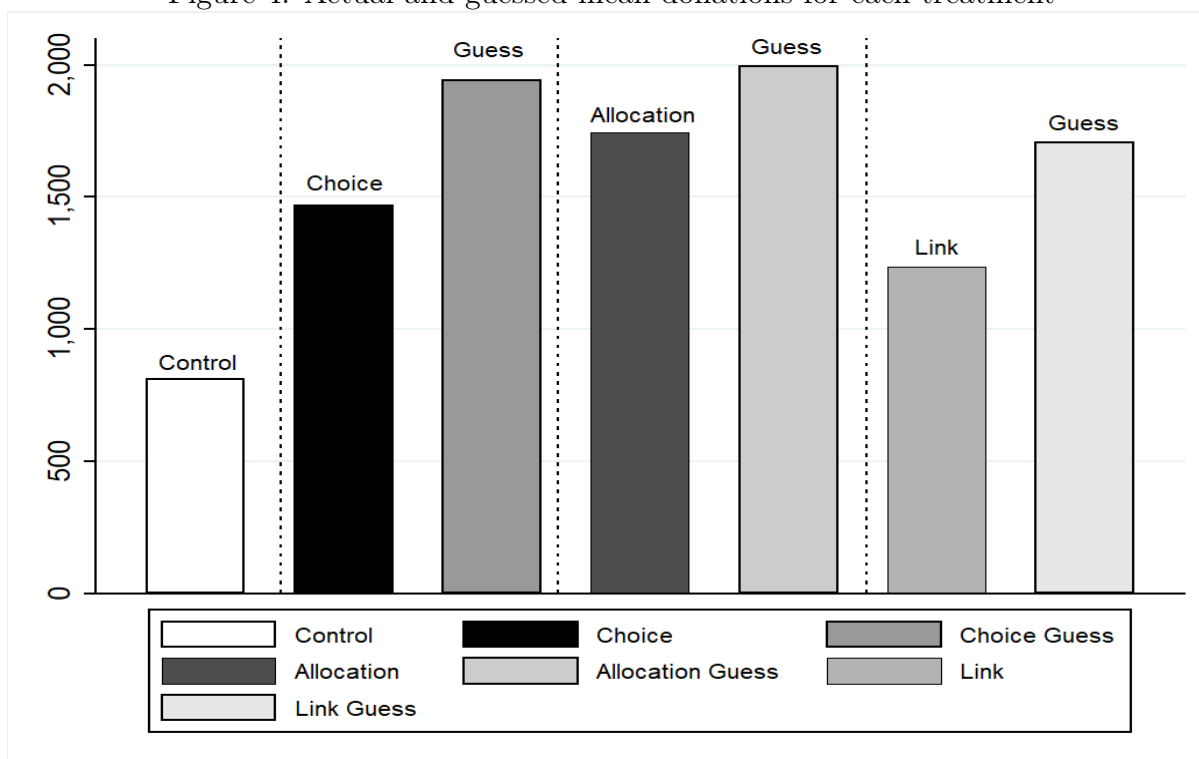
A possible explanation of the negative effect of clicking the link is that the information diluted the donors' excitement to donate to their preferred projects, for example if a donor preferred the entertainment or humanitarian projects over therapy, but perceived therapy to be the most needed project after reading the information in the link. In such cases, the donors' expectations regarding the aid-effectiveness of the projects in the link group were mismatched with the actual effectiveness of the projects, inducing them to give less. We disregard the possibility that the information was framed such that it would harm donations, but we cannot omit the possibility that donors did not understand the information in the link box simply because it might have been difficult. Further, we question whether donors felt a greater cognitive burden by first reading and processing the information and then making allocation decisions. Accordingly, we asked respondents whether the donation process in the link group might have been tiring. The order of these questions was randomized.

To identify the respondents' perceptions of the role of trust associated with the allocation choice, we directed them in the follow-up survey to choose why those who had a choice to allocate donations donated less or more than those who did not. We designed the survey following the methodology of [DellaVigna et al. \(2018\)](#), which consisted of asking behavioral experts to evaluate the behavior of participants in an online effort provision experiment. Experts were asked to guess the average effort level in different treatment groups based on the average effort level in the baseline treatments. Similarly, we asked employees from the firms that participated in the main experiment, and from firms who did not, to guess the average donation in the choice, forced-allocation, and link treatments in random order. Respondents stated their confidence level for each guess on a scale from 1 to 10. Before asking respondents to guess the average donations in each treatment group we provided the actual texts from the main experiment to bring them as close as possible to the decision-making environment of those who took part in the main experiment. The texts included the initial invitation, the treatment description, the control group's average donation, and the information in the link box.

Figure (4) presents the actual and guessed mean donations for each treatment. First, we observe a general overestimation of prosocial behavior in terms of mean donations. The overestimation is more considerable and almost identical for the allocation choice and link treatments and smaller for the forced-allocation treatment. The average confidence level for each guess falls between 5.5-6 out of 10. Second, the guessed mean donations in the allocation choice and forced-allocation treatments are statistically indistinguishable. This result is in line with the comparison of actual mean donations among

these treatment groups. Third, the guessed mean donation in the forced-allocation treatment is statistically larger than that in the link group. Figures A3-A5, display the guessed mean donations for each treatment by the type of evaluator, i.e., expert, academic, aware of the campaign, and donor status, along with the actual mean donation from the main experiment. There is an overestimation of mostly similar sizes by all types of evaluators for all treatment conditions. Regardless of the treatment, actual donors tended to guess closer to the actual mean donations, and academics tended to overestimate more than other respondents.

Figure 4: Actual and guessed mean donations for each treatment

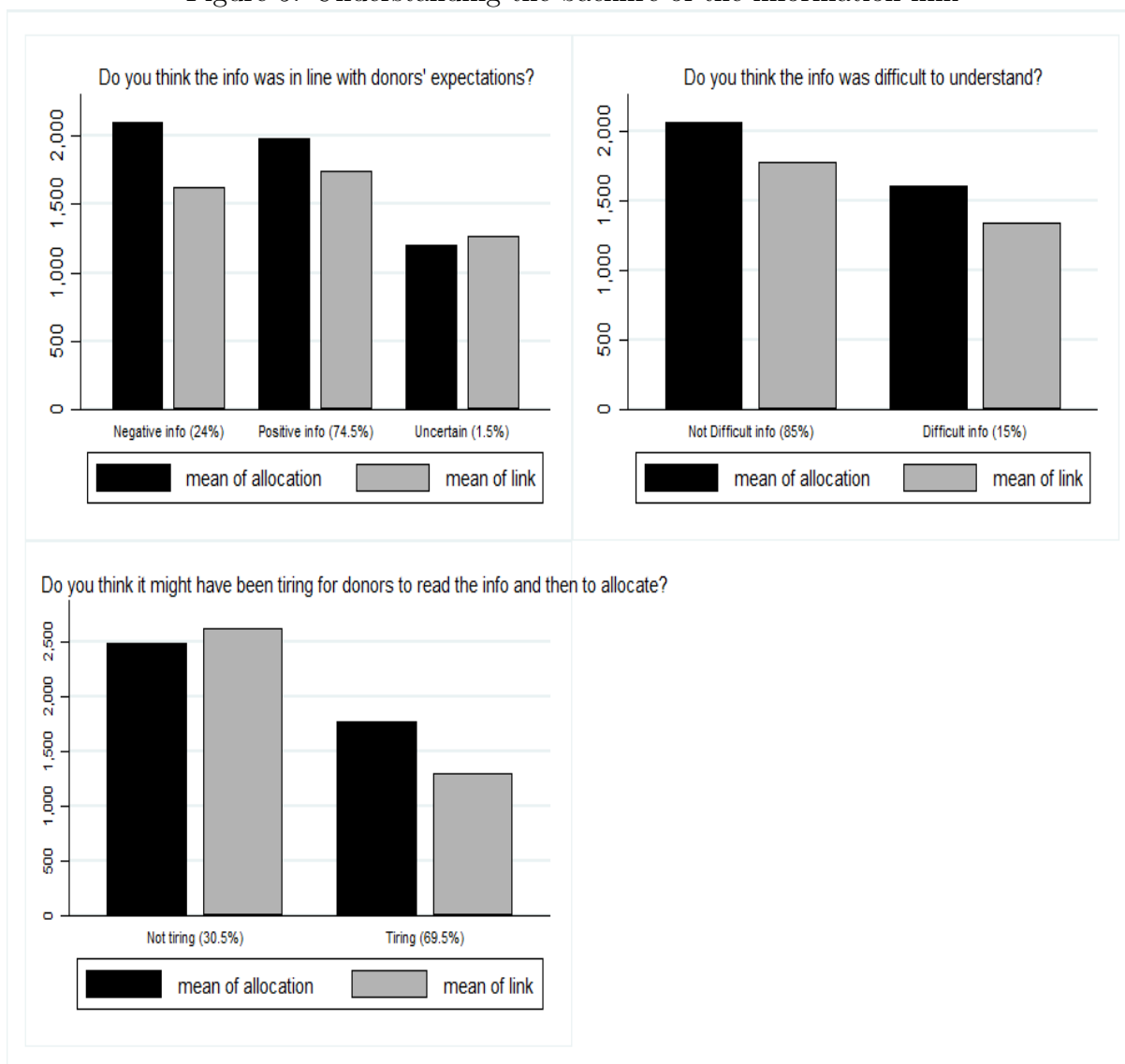


Note: Each bar labeled in the chart area as "Choice", "Allocation" and "Link" shows the actual mean donations for each treatment group. Each bar next to the treatment bars labeled as "Guess" represents the guessed mean donation for each treatment group. The short-dashed lines separate the actual and guessed mean donations by treatment from each other. For convenience the labels "Choice", "Allocation" and "Link" stand for allocation choice, forced-allocation and forced-allocation and link, respectively.

We then turned to understanding the possible channel through which the information link affected donations. We asked respondents to evaluate the information in the link box before guessing the average donation in this treatment. From Figure 5, we observe that 74.5% thought that the information was in line with donors' expectations about the

aid-effectiveness of the projects, suggesting that the drop in the treatment effect is not likely attributable to the fact that the information would surprise donors negatively. This evaluation is consistent with their guesses: although they believed the information was well-matched with donors' expectations, there are still differences between the guessed mean donations in the forced-allocation and link treatments.

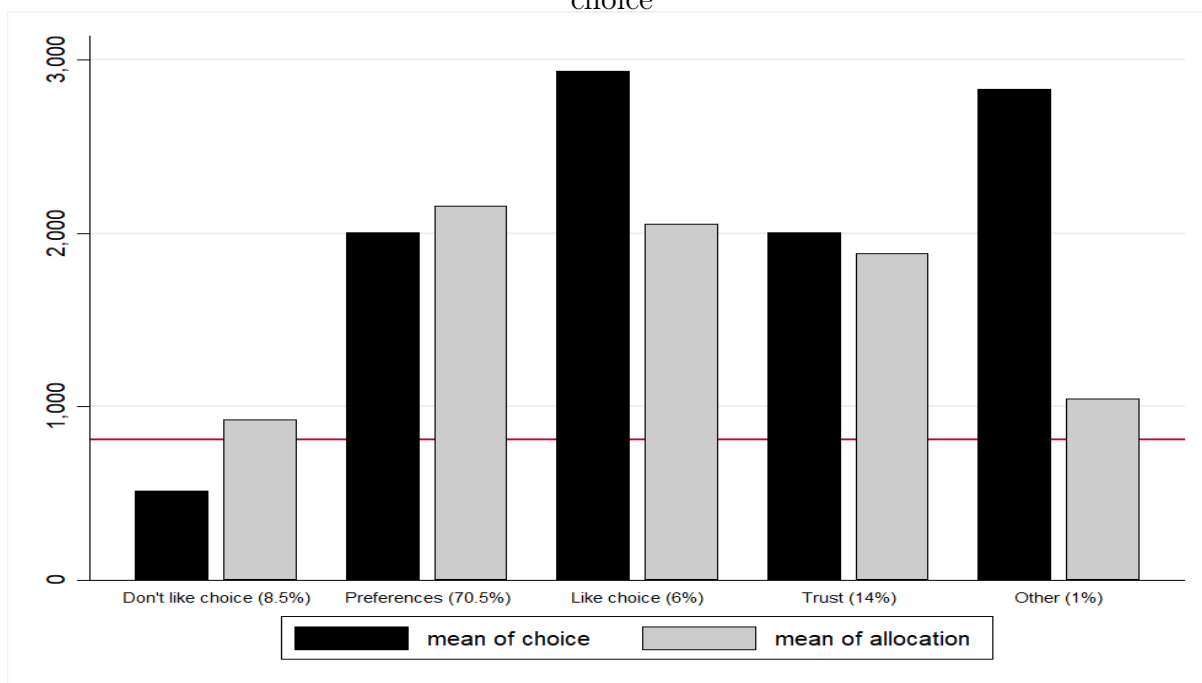
Figure 5: Understanding the backfire of the information link



Note: Each bar chart shows the guessed mean donations in the forced-allocation and forced-allocation and link treatments, labeled as "allocation" and "link", respectively, for each option of the questions displayed in the title of the charts. The percentage figures represent the share of respondents that chose those options in the survey.

In a randomized order, we asked participants to evaluate whether the information might have been difficult to understand, and 85% thought this was not the case. Finally, we asked respondents whether they believed it might have been tiring for donors to read the information and then make allocation decisions. 69.5% found the donation process in the link treatment tiring, and their guesses were much closer to actual donations in the forced-allocation and link treatments than those who thought otherwise. This set of results suggests that it is not the information content that was harmful to donations but rather the cognitive burden induced by processing information and making allocation decisions. Therefore, fundraisers may find it more beneficial to offer donors information about aid effectiveness separately from asking them to make allocation decisions.

Figure 6: Respondents' beliefs about the mechanism driving the effect of the allocation choice



Note: Each bar chart shows the guessed mean donations in the allocation choice and forced-allocation treatments, labeled as "choice" and "allocation", respectively, for each option of the question "why do you think donors donated less/more?". The percentage figures represent the share of respondents who chose the displayed options. The red line represents the mean donation in the control group.

Lastly, we describe the respondents' beliefs regarding the mechanism driving the effect of the allocation choice on donations (Figure 6). If the respondents' guesses of the mean donation in the choice group fell below the average donation in the control group, they were asked to justify their guesses by selecting the alternative "donors do not like

to have a choice" or writing down another explanation. If their guess was above the average donation in the control group, they could choose one of the three explanations, i.e., "donors like choice," "donors could donate more to the projects they liked more," "donors trusted the NGO more," or write any other explanation. To cancel anchoring effects, we randomized the order of these potential explanations.

First, only 8.5% believed that the allocation choice would harm giving, justifying this with the notion that donors do not like to have a choice. However, the majority, (91.5%), guessed correctly that the average mean donation in the choice group would be greater than the mean donation in the control group. Only 6% of this majority believed that the effect of the allocation choice was driven by the notion that donors like to have a choice, and 14% stated that trust is the mechanism at work. These beliefs are consistent with their guesses: the guessed average donations in the choice treatment were above those in the forced-allocation treatment. Importantly, 70.5% of all participants believed the preference story that the allocation choice allows donors to donate more to the projects they like more. We further allowed donors to state any other reason they believe the allocation choice would lead to more giving. However, only 1% chose to do so, because their reason differed from the options provided.

6 Conclusion

In this paper, we explore a novel fundraising strategy: a choice to allocate donations to three projects that benefit the same type of recipients. We also explore the effect of forcing donors to allocate and allowing them to make more-informed allocation decisions. Through a natural field experiment of donations to children with Down Syndrome, we find that offering donors an allocation choice impacts donations significantly. The vast majority of those offered a choice took the allocation option. Moreover, forcing donors to allocate doubled donations.

Combining these results, we reject the hypothesis that donors increase their donations because they like to have a choice. We find that by allocating donations, donors can give more to the projects they prefer, thus increasing average donations relative to those who cannot allocate. We further provide evidence that other mechanisms related to trust are unlikely to channel this effect. For instance, we do not find differences in the likelihood of donating between the control and choice groups. If the allocation choice increased the general trust in the NGO, donors would respond positively by being more likely to donate.

Further, given that the fundraising campaign consisted of an institutional collaboration between the fundraiser and the donors' employers, it is unlikely that donors perceive

the engagement by the fundraiser as a signal of her incompetency to use the donated funds. Therefore, trust-related mechanisms would be more relevant when the charity has a reputation for wasting/mismanaging funds. Lastly, through a follow-up survey, we provide evidence that over 70% of respondents believed the effect is consistent with a preference story.

Allowing donors to make more-informed allocation decisions increased giving relative to a control group. However, their giving decreased relative to donors who were forced to allocate without the information link option. Hence, the allocation of donations and information provision on aid effectiveness do not work hand in hand in this setting. A the follow-up survey suggests it is likely that the link and allocation treatment induced greater cognitive burden on donors, making the donation process tiring.

This study contributes to the broad literature on increasing prosocial behavior in the domain of charitable giving by introducing a novel strategy to increase donations: a choice to allocate gifts to several projects. More specifically, it contributes to the literature on how donated funds will be used and the literature relating donors' choices to charitable donations. Unlike other experimental studies in this literature, our experimental design allows for a separation of two mechanisms underlying the effect of allocation choice on donations: preference for having a choice and preferences for the options associated with the choice. To the best of our knowledge, this is the first study that tests the impact of a forced-choice and provides causal evidence that donors react positively even when forced to make allocation decisions. Moreover, this study contrasts an established result in the literature of directed giving that suggests most donors do not avail themselves of choice, whereas we find evidence that most donors did so. Thus suggests that the choice-take-up rate depends on the framing and strength of the treatment.

Further, this study adds to the literature relating information about aid-effectiveness to charitable giving by showing that information on aid-effectiveness and allocating donations do not work hand in hand. Lastly, we add to the growing literature on detecting misperceptions about others (Bursztyn & Yang, 2022). Similarly to the recent study by Drouvelis & Marx (2022), we find that donors are overly optimistic about the charitable donations of others.

One limitation of this study is its inability to show whether the established treatment effects would persist over time. Measuring the persistence of the effects would be possible if we partnered with an NGO with an extensive database of donors who contribute periodically and their characteristics, including past donation behavior. Another limitation is the low response rate of roughly 20%, leading to a smaller sample size than similar natural field experiments. This makes treatment comparisons underpowered, although this is not the main focus of this study. Therefore, it would be interesting to

replicate these results more traditionally, i.e., with donors in a country with a higher giving index and in partnership with a fundraiser with a sufficiently large donor database.

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Appendix

Table A1: Response statistics

	Control	Allocation Choice	Forced Allocation	Forced Allocation & Link
Observations	278	261	233	270
Response Rate	22.22%	20.88%	18.64%	21.60%
Choice take-up	NA	74.55%	NA	NA
Clicking rate	NA	NA	NA	33.64%

Note: Columns 2-3 indicate the mean, standard deviation and the number of observations for each of the characteristics

Table A2: Sample characteristics

Characteristics	(1)	(2)	(3)
	Mean	SD	N
Gender (not specified)	0.022	0.147	1042
Female	0.582	0.494	1042
Male	0.396	0.489	1042
Age	35.670	9.974	1042
Single	0.357	0.479	1042
Married	0.544	0.489	1042
Cohabiting	0.072	0.259	1042
Divorced	0.027	0.162	1042
Undergraduate	0.025	0.156	1042
Graduate	0.183	0.387	1042
Master	0.697	0.460	1042
Doctoral	0.095	0.293	1042
Parent	0.556	0.497	1042
Specialist	0.632	0.482	1042
Manager	0.289	0.453	1042
Executive	0.079	0.269	1042
Aware of PID	0.403	0.491	1042
Aware of DSA	0.602	0.490	1042
Donated to PID	0.575	0.495	1042
Donated to DSA	0.124	0.330	1042

Note: Columns 2-3 indicate the mean, standard deviation and the number of observations for each of the characteristics

Table A3: Prediction of the likelihood to donate

Predictors	(1) likelihood	(2) SE
Sex not specified	-0.071**	(0.032)
Female	-0.134	(0.093)
Age	0.007***	(0.002)
Married	0.018	(0.063)
Cohabiting	0.148**	(0.063)
Divorced	-0.006	(0.113)
Graduate	0.201**	(0.080)
Master	0.198***	(0.076)
Doctoral	0.092	(0.092)
Manager	0.100***	(0.036)
Executive	0.106*	(0.061)
Parent	0.032	(0.063)
Aware of PID	-0.068**	(0.031)
Aware of DSA	-0.002	(0.033)
Ever donated to PID	0.104***	(0.032)
Ever donated to DSA	0.021	(0.050)
Mean likelihood	43.67%	-
Observations	1,042	
R-squared	0.077	

Robust standard errors in parentheses

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table A4:Randomization Check (OLS results of comparing each treatment to the control group)

	(1)	(2)	(3)
Covariates	choice	force	link
Gender (not specified)	-0.228*	-0.032	-0.158
	(0.131)	(0.139)	(0.136)
Female	0.030	0.007	-0.025
	(0.047)	(0.047)	(0.046)
Married	-0.036	-0.090	0.015
	(0.100)	(0.103)	(0.088)
Cohabiting	-0.009	-0.036	0.078
	(0.094)	(0.095)	(0.087)
Divorced	-0.047	-0.306**	-0.356***
	(0.141)	(0.145)	(0.132)
Graduate	-0.194	-0.025	-0.065
	(0.140)	(0.172)	(0.147)
Master	-0.220*	-0.040	-0.095
	(0.133)	(0.166)	(0.143)
Doctoral	-0.214	0.045	-0.065
	(0.153)	(0.180)	(0.165)
Manager	0.013	-0.023	-0.047
	(0.050)	(0.053)	(0.051)
Executive	-0.039	0.022	0.028
	(0.089)	(0.088)	(0.083)
Age	0.003	-0.001	-0.001
	(0.003)	(0.003)	(0.003)
Parent	-0.016	0.039	-0.009
	(0.099)	(0.103)	(0.086)
Aware of PID	-0.031	-0.028	0.059
	(0.048)	(0.049)	(0.045)
Ever donated to PID	0.036	-0.017	0.028
	(0.048)	(0.049)	(0.047)
Aware of DSA	0.037	-0.023	0.016
	(0.049)	(0.049)	(0.047)
Ever donated to DSA	-0.027	0.028	-0.005
	(0.074)	(0.075)	(0.072)
Joint orthogonality: p-value	0.823	0.867	0.122
Observations	539	511	548

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A5: Randomization check: control and choice groups

	Control	Allocation choice	Difference	p-value	N
Gender (not specified)	0.032	0.011	0.022	0.101	537
Female	0.576	0.617	-0.041	0.330	537
Male	0.392	0.372	0.020	0.626	537
Age	35.924	36.479	-0.554	0.539	537
Single	0.334	0.352	-0.018	0.662	537
Married	0.557	0.540	0.017	0.667	537
Cohabiting	0.065	0.065	0.000	0.986	537
Divorced	0.043	0.042	0.001	0.953	537
Undergraduate	0.018	0.034	-0.016	0.230	537
Graduate	0.176	0.184	-0.008	0.818	537
Master	0.716	0.690	0.026	0.507	537
Doctoral	0.090	0.092	-0.002	0.935	537
Parent	0.579	0.567	0.012	0.777	537
Specialist	0.618	0.620	-0.002	0.962	537
Manager	0.306	0.318	-0.012	0.759	537
Executive	0.076	0.061	0.014	0.515	537
Aware of PID	0.406	0.387	0.019	0.645	537
Aware of DSA	0.597	0.636	-0.039	0.354	537
Donated to PID	0.565	0.590	-0.025	0.553	537
Donated to DSA	0.122	0.119	0.003	0.900	537

*** p<0.01, ** p<0.05, * p<0.1

Table A6: Randomization check: control and forced allocation groups

	Control	Forced Allocation	Difference	p-value	N
Gender (not specified)	0.032	0.026	0.006	0.659	509
Female	0.576	0.579	-0.003	0.930	509
Male	0.392	0.395	-0.003	0.949	509
Age	35.924	35.056	0.868	0.300	509
Single	0.334	0.399	-0.065	0.131	509
Married	0.557	0.519	0.038	0.389	509
Cohabiting	0.065	0.069	-0.004	0.860	509
Divorced	0.043	0.013	0.030**	0.043	509
Undergraduate	0.018	0.021	-0.003	0.778	509
Graduate	0.176	0.180	-0.004	0.907	509
Master	0.716	0.687	0.029	0.474	509
Doctoral	0.090	0.111	-0.022	0.417	509
Parent	0.579	0.524	0.055	0.209	509
Specialist	0.618	0.644	-0.025	0.560	509
Manager	0.306	0.270	0.035	0.381	509
Executive	0.076	0.086	-0.010	0.670	509
Aware of PID	0.406	0.361	0.045	0.289	509
Aware of DSA	0.597	0.567	-0.030	0.486	509
Donated to PID	0.565	0.541	0.024	0.5880	509
Donated to DSA	0.122	0.124	-0.002	0.941	509

*** p<0.01, ** p<0.05, * p<0.1

Table A7: Randomization check: control and link groups

	Control	Link	Difference	p-value	N
Gender (not specified)	0.032	0.019	0.013	0.305	546
Female	0.576	0.555	-0.02	0.638	546
Male	0.392	0.426	-0.034	0.421	546
Age	35.924	35.156	0.769	0.352	546
Single	0.334	0.348	-0.014	0.737	546
Married	0.557	0.555	0.002	0.963	546
Cohabiting	0.065	0.089	-0.024	0.289	546
Divorced	0.043	0.007	0.036***	0.008	546
Undergraduate	0.018	0.026	-0.008	0.526	546
Graduate	0.176	0.193	-0.016	0.623	546
Master	0.716	0.693	0.023	0.552	546
Doctoral	0.090	0.089	0.001	0.966	546
Parent	0.579	0.548	0.031	0.466	546
Specialist	0.618	0.648	-0.030	0.476	546
Manager	0.306	0.259	0.046	0.228	546
Executive	0.076	0.093	-0.017	0.473	546
Aware of PID	0.406	0.452	-0.045	0.284	546
Aware of DSA	0.597	0.604	-0.007	0.875	546
Donated to PID	0.565	0.600	-0.035	0.404	546
Donated to DSA	0.122	0.129	-0.007	0.797	546

*** p<0.01, ** p<0.05, * p<0.1

Figure A1: Percentage of gifts by size, conditional on giving

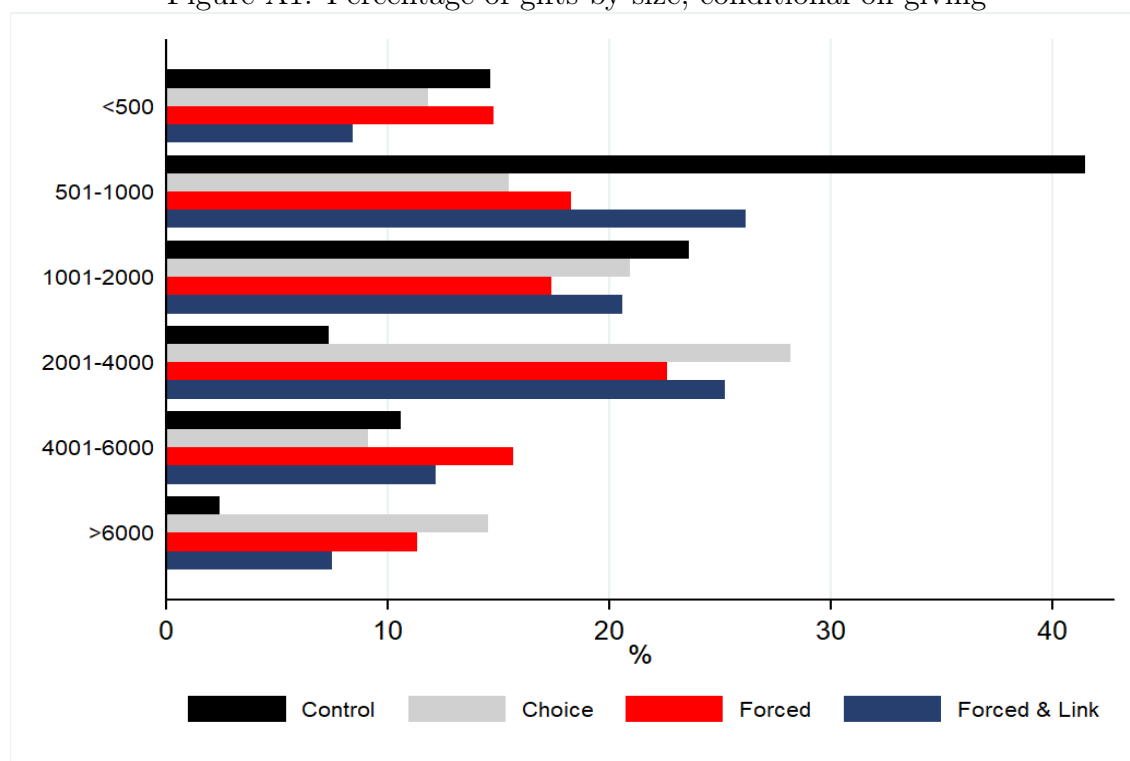


Table A8: Treatment effects on giving, conditional on giving

Treatment	(1) Donation (AL)	(2) Donation (AL)	(3) Donation (AL)	(4) Donation (AL)
Choice	1,647.896*** (408.379)	1,574.994*** (432.462)	1,728.601*** (445.761)	1,722.406*** (475.782)
Forced Allocation	1,703.068*** (453.019)	1,701.754*** (427.886)	1,736.320*** (460.817)	1,804.548*** (431.718)
Forced Alloc. & Link	1,283.730*** (449.608)	1,367.728*** (519.641)	1,359.819*** (442.519)	1,392.493*** (491.571)
Control mean	1,832.735	1,832.735	1,832.735	1,832.735
Firm FE	No	Yes	No	Yes
Covariates	No	No	Yes	Yes
Observations	455	455	455	455
Choice = Forced: p-value	0.923	0.821	0.990	0.895
Forced = Link: p-value	0.485	0.599	0.536	0.508

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A9: Treatment effects controlling for the familywise error rate (FWER)

Treatment	(1) ATE	(2) p-value	(3) FWER p-value
Choice	656.564*** (210.386) [217.012]	0.002 0.006	0.013
Forced Allocation	934.770*** (255.054) [249.457]	0.000 0.001	0.009
Forced Alloc. & Link	424.674** (210.115) [205.849]	0.044 0.051	0.051
Control mean	810.369	810.369	810.369
Observations	1,042	1,042	1042

Note: *** p<0.01, ** p<0.05, * p<0.1. Robust standard errors in parenthesis, and clustered standard errors in square brackets.

Table A10: Treatment effects on giving using winsorized donations

Treatment	Winsorized 1% Donation	Winsorized 2% Donation	Winsorized 5% Donation
Choice	577.568*** (181.470)	552.725*** (172.930)	314.073** (128.303)
Forced Allocation	757.791*** (192.268)	718.656*** (180.310)	499.907*** (139.324)
Forced Alloc. & Link	293.734* (156.173)	277.271* (148.303)	168.286 (121.060)
Control Mean	810.369*** (87.646)	802.005*** (84.238)	776.621*** (77.160)
Observations	1,042	1,042	1,042

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Figure A2: Mean donations by sub-treatment groups

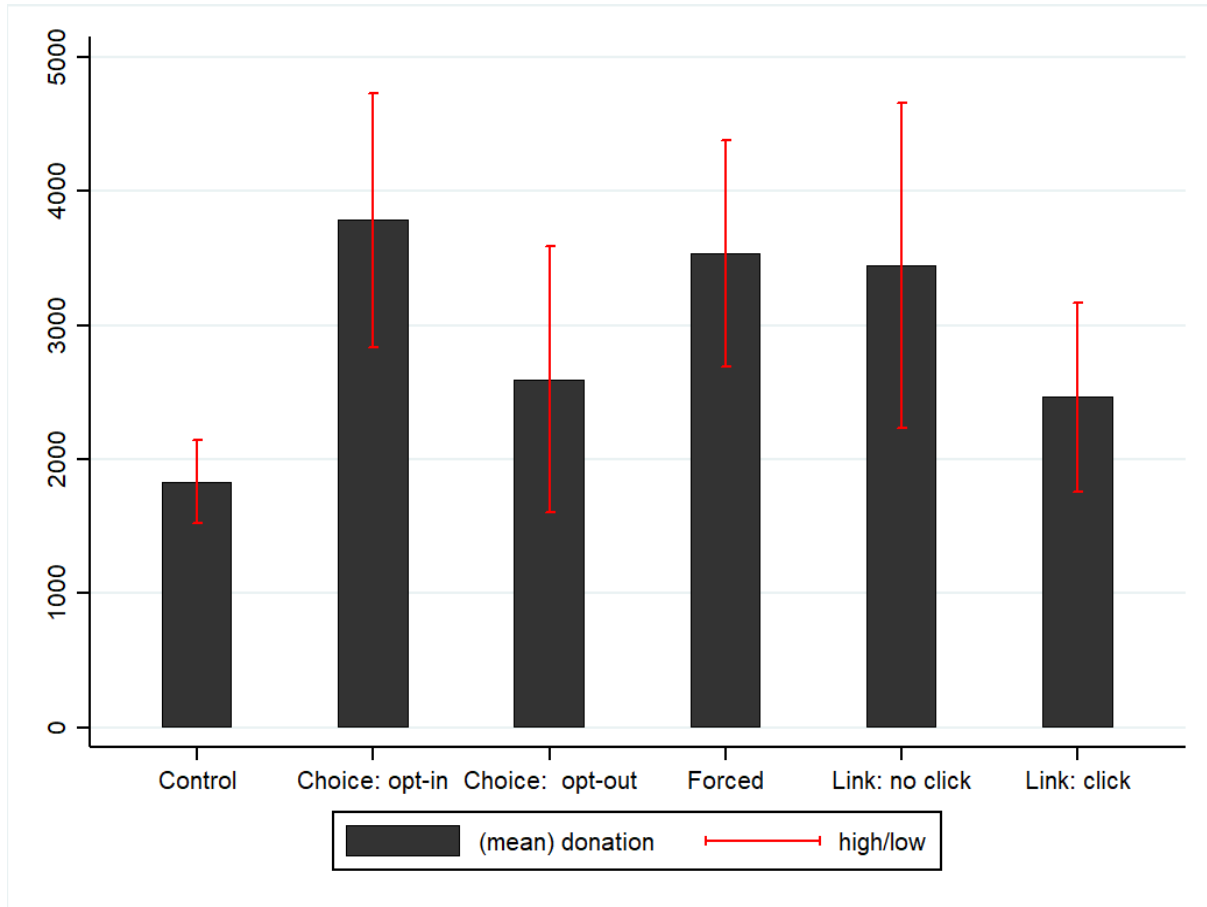


Table A11: Differences in giving among sub-groups

Sub-group	Observations	Mean	Difference	p-value
Choice: opt-in (1)	83	3737.647		
Forced (2)	115	3535.803		
(1) - (2)			201.8441	0.754
Choice: opt-out (3)	29	2504.99		
Forced (4)	115	3535.803		
(3) - (4)			-1030.813	0.244
Link: no click (5)	71	3447.744		
Forced (6)	115	3535.803		
(5)-(6)			-88.0592	0.903
Link: click (7)	36	2463.108		
Forced (8)	115	3535.803		
(7) - (8)			-1072.695*	0.053
Control (9)	123	1832.735		
Link: no click (10)	71	3447.744		
(9) - (10)			-1615.009**	0.012
Control (11)	123	1832.735		
Link: click (12)	36	2463.108		
(11) - (12)			-630.3738*	0.068

*** p<0.01, ** p<0.05, * p<0.1

^a The notation in parenthesis in each third row of the table represents the difference in giving among the two sub-groups. ^b For comparisons of mean donations between sub-groups 7-8 and 9-10 the two-way mean equality test is performed assuming that the variances are not equal.

Table A12: Choice take-up and information box click predictors

	(1)	(2)	(3)	(4)
Covariates	choice take-up	SE	link click	SE
Gender (not specified)	0.151	(0.117)	-	-
Female	-0.044	(0.093)	-0.141	(0.097)
Married	0.126	(0.174)	-0.180	(0.187)
Cohabiting	-0.094	(0.177)	-0.173	(0.183)
Divorced	-0.092	(0.375)	-0.615***	(0.199)
Graduate	-0.094	(0.140)	-0.203	(0.178)
Master	-0.228**	(0.102)	-0.306*	(0.169)
Doctoral	-0.419**	(0.198)	-0.294	(0.221)
Manager	0.072	(0.094)	0.091	(0.110)
Executive	0.237*	(0.121)	0.053	(0.138)
Age	0.006	(0.005)	-0.003	(0.005)
Parent	-0.239	(0.150)	0.040	(0.150)
Aware of PID	-0.133	(0.100)	-0.249**	(0.106)
Ever donated to PID	0.021	(0.104)	0.114	(0.107)
Aware of DSA	-0.088	(0.105)	0.060	(0.109)
Ever donated to DSA	0.072	(0.136)	-0.034	(0.157)
Mean take-up/click	0.741	-	0.336	-
Observations	112	-	107	-
R-squared	0.100	-	0.173	-

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A13: Follow-up survey: sample characteristics

Characteristics	Mean	SD	N
Marketing experts	0.28	0.450	200
Academic exp.	0.52	0.501	200
Aware	0.53	0.500	200
Participants	0.335	0.473	200

Table A14: Summary of actual average donations and guessed average donations

Group	Observations	Mean	Difference	p-value
Choice (1)	261	1466.93		
Gussed choice (2)	200	1940.75		
(1) - (2)			-473.82	NA
Allocation (3)	233	1745.14		
Gussed allocation (4)	200	1996.85		
(3) - (4)			-251.7	NA
Link (5)	270	1235.04		
Gussed Link (6)	200	1707.9		
(5)-(6)			-472.86	NA
Gussed choice (7)	200	1940.75		
Gussed allocation (8)	200	1996.85		
(7) - (8)			-56.1	0.496
Gussed allocation (9)	200	1996.85		
Gussed Link (10)	200	1707.9		
(9) - (10)			288.95***	0.000

*** p<0.01, ** p<0.05, * p<0.1

Figure A3: Gussed mean donations in the choice treatment by groups

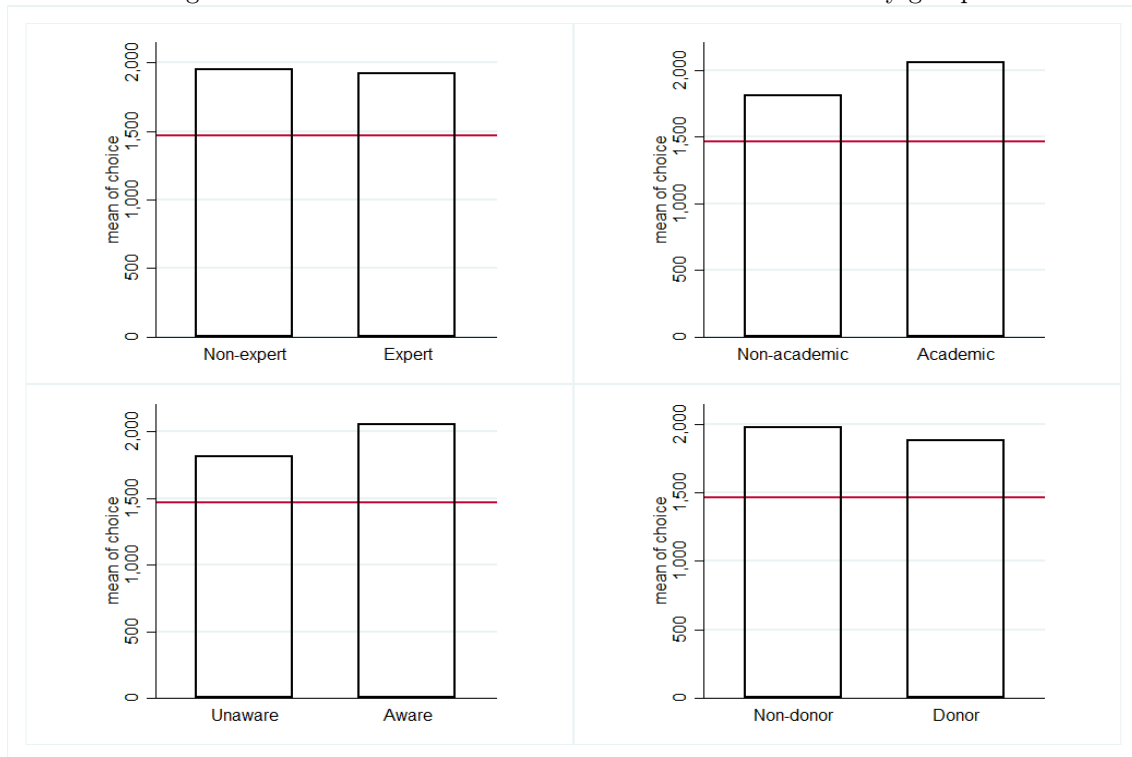


Figure A4: Gussed mean donation in the forced allocation treatment by groups

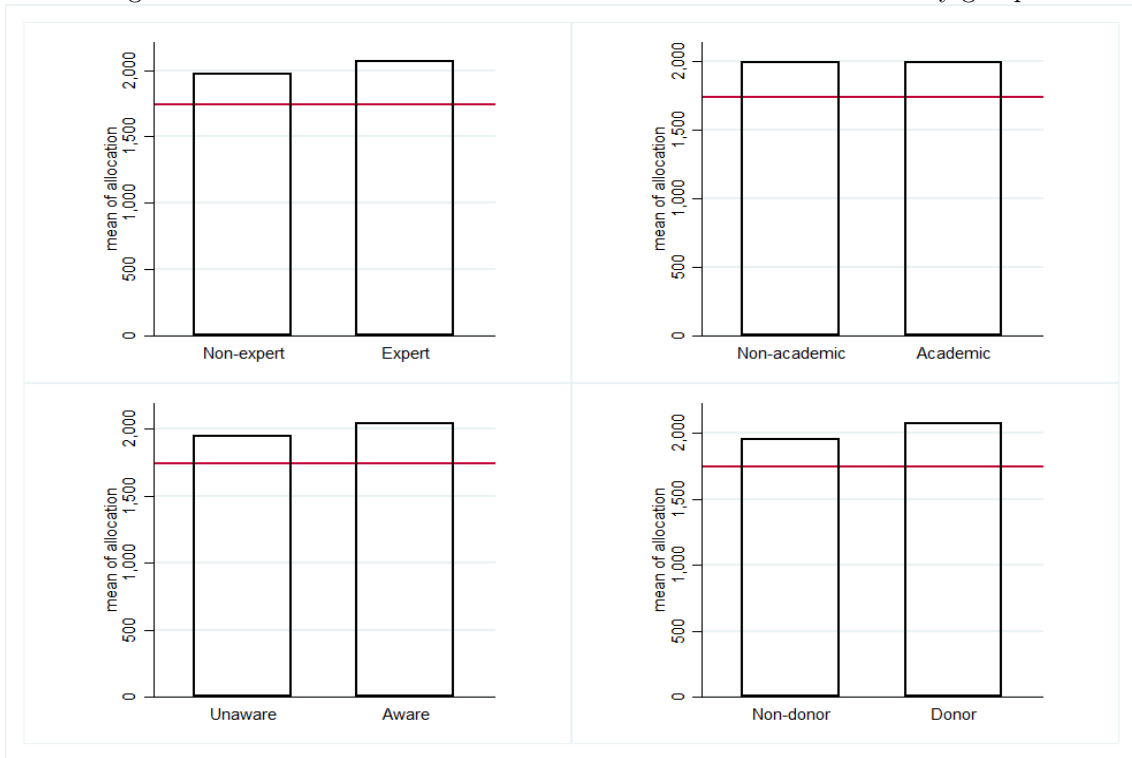
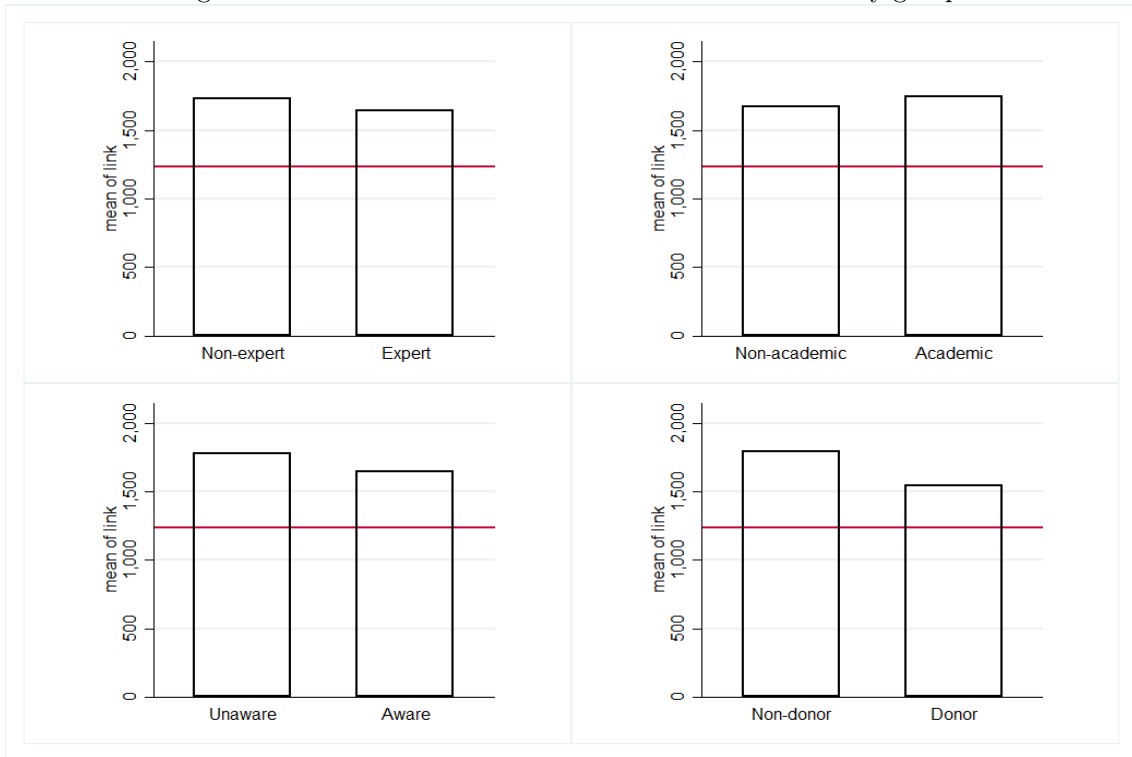


Figure A5: Gussed mean donations in the link treatment by groups



Details of the experiment

Figure A6: Invitation e-mail in Albanian

E-mail Subject: **Deloitte në mbështetje të fëmijëve me Sindromën Down!**

Përshëndetje,

Fondacioni Down Syndrome Albania (DSA) dhe Deloitte, po bashkëpunojnë për të rritur ndërgjegjësimin mbi Sindromën Down si dhe për të mbledhur kontribute për 45 fëmijët me aftësi të kufizuara intelektuale të Qendrës së Shërbimeve “PRO PAK” të DSA. Ju lutem, kushtojini **2-3 minuta** kohë plotësisht të anketës së mëposhtme për të mbështetur këtë kauzë. Ne ju sigurojmë se të dhënat tuaja, përfshirë dhurimin do të mbeten tërësisht anonime. Çdo dhurim drejt Fondacionit Down Syndrome Albania është vullnetar!

<https://support.dsalbania.org/donate/deloitte/2CHI>

Ky link do të qëndrojë i hapur për një javë duke filluar nga dita e sotme. Për çdo pyetje, na kontaktoni tek info@dsalbania.org.

Ju falenderojmë për mbështetjen tuaj!

Figure A7: Invitation e-mail in English

E-mail Subject: **Deloitte supporting children with Down Syndrome!**

Hello,

The Down Syndrome Albania Foundation (DSA) and Deloitte are collaborating to raise awareness and raise funds to support the 45 children with limited intellectual abilities at the “PRO-PAK” Service Center of DSA. Please take **2-3 minutes** to fill in the survey in the link below to support our cause. We assure you that your data, including your donation will remain anonymous. Every donation to the Down Syndrome Albania Foundation is voluntary!

<https://support.dsalbania.org/donate/deloitte/2CHI>

This link will remain active for about one week starting from today. Feel free to contact us at info@dsalbania.org for any question.

Thank you for your support!

Abstrakt

Tato studie zkoumá, zda se charitativní dárcovství zvyšuje, pokud mají dárci větší výběr, jak budou jejich dary použity. V terénním experimentu byli zaměstnanci velkých albánských společností požádáni, aby přispěli na projekty administrované Down Syndrom Albania. Experimentální skupina se lišila v tom, zda měli účastníci možnost (nebo byli nuceni) vybrat si mezi různými projekty, a v množství informací, které jim byly poskytnuty. Poskytování volby dárčům podstatně zvýšilo dárcovství; informace ne. Naše nastavení nám umožňuje zvážit různé mechanismy, které by mohly být základem tohoto chování. Došli jsme k závěru, že volba alokace hlavně zvyšuje dary, protože dárci se mohou zaměřit na projekty, které se jim líbí.

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