

**Online Appendices for
“Announcements of Support and Public Good Provision”
by Judd B. Kessler**

A.1 Campaign Materials and Instructions to Employee Campaign Managers

For employee campaign managers who receive the pins:

Thank you for your support of CHARITY! In this bag are pins to help you in your campaign. Please **pick a day during the campaign** (BEFORE you collect pledge cards) to be “CHARITY Pin Day.” On the morning of the day you choose, **give a pin to every employee at your workplace**, so that everyone who wishes to can show their support for CHARITY.

NOTE: Please keep any unused pins, which will be collected by a CHARITY representative at the end of your campaign. Pins were donated to CHARITY to aid in the running of workplace campaigns.

For employee campaign managers who receive the pins and raffle materials:

Thank you for your support of CHARITY! In this bag are pins to help you in your campaign. Please **pick a day during the campaign** (BEFORE you collect pledge cards) to be “CHARITY Pin Day.” On the morning of the day you choose, **give a pin to every employee at your workplace**, so that everyone who wishes to can show their support for CHARITY.

In this bag, you will also find tickets and a prize (two movie passes) so that you can hold a drawing on “CHARITY Pin Day.” When you distribute the pins, also **give a TICKET/COUPON to every employee** at your workplace and encourage them to return the COUPON to you before the end of the day if they want to be in the drawing. At the end of the day, randomly draw a COUPON to determine the winner of the movie passes.

NOTE: Please keep any unused pins and prize materials, which will be collected by a CHARITY representative at the end of your campaign. Pins and prize materials were donated to CHARITY to aid in the running of workplace campaigns. It is the express policy of CHARITY that participation in drawings or raffles not be restricted in any way. Accordingly, no participation fee, pledge or contribution to the CHARITY is to be required in connection with any drawing or raffle.

Table A1: Campaign Materials by Treatment

Standard Materials	Control	Pins and	
		Pins	Raffle
Treatment	Treatment		
Pledge Cards (25, 50, 100 or 200)	Y	Y	Y
One page of instructions for ECM	Y	Y	Y
Posters to put up in the workplace	Y	Y	Y
Lists of non-profits charity funds	Y	Y	Y
Cards with benefit info for \$156 donors	Y	Y	Y
Envelope to mail back pledge cards	Y	Y	Y
Additional Materials	Control	Pins and	
		Pins	Raffle
Treatment	Treatment		
Pins (25, 50, 100 or 200)	N	Y	Y
Raffle Tickets (25, 50, 100 or 200)	N	N	Y
2 AMC Movie Passes	N	N	Y

Note: ECMS gave each employee at the workplace a pledge card. Employees who wanted to make a donation to the charity filled out the pledge card and returned it to the ECM. Checks or credit card information could be included with the pledge card or provided at a later date, but most often pledge cards authorized the HR staff at the workplace to deduct a portion of the employee's paycheck to be given to the charity.

A.2 Detailed Workplace Selection and Process

The experiment was conducted among a group of workplaces with the potential to run a workplace campaign in the fall of 2009. The charity selected 361 workplaces to be potentially included in the experiment based on a set of two criteria. The workplaces:

1. Were at the low end of the charity's workplace campaigns in total revenue;
2. Were slated to receive all of the campaign materials, including paper pledge forms, in a single box for a campaign.

The first criterion was a requirement of the charity (and allowed my experiment to be conducted on a group of workplaces that the charity believed had a potential for improvement). The second criteria was necessary since my treatment conditions were implemented by adding additional materials to the box of campaign materials received by the ECM at each workplace.

These 361 workplaces had already been assigned to staffers who were in the process of making initial contact with the ECMs (to determine whether the workplace was running a campaign that year and to arrange a meeting to drop off the box). The whole list of 361 workplaces was randomized into the conditions of my experiment. Each workplace was assigned either to the control condition (with 40% probability) or into one of the two treatment conditions (each with 30% probability).

After randomization, the staffers were informed of which of their workplaces were to receive the additional materials. The intervention was explained at a training session on September 14, 2009 to all the staffers who were responsible for any of the 361 campaigns, since most staffers had some workplaces in each of the three conditions. The staffers were told that randomly chosen workplaces were given extra materials since the charity was attempting to learn how it could increase workplace giving with its limited resources. The staffers were told to explain to the ECM about the materials that were provided for that workplace and not to mention that different workplaces received different materials. It was explained to the staffers that the charity would not learn anything about the campaign materials if they did not follow the instructions carefully.

Each of the 361 workplaces was assigned a box with all of the standard materials as well as any additional materials as was required by the treatment. The boxes were in fixed sizes of either 25, 50, 100, or 200 pledge cards. When extra materials were added for the pins treatment, a bag with the same number of pins as pledge cards were added to the box (pins were in bags of

25 and 50, so boxes receiving 100 or 200 pins received 2 or 4 bags of 50 pins each). In the pins and raffle treatment, the same number of raffle tickets as pins and pledge cards was added to the box along with two AMC movie passes. Workplaces received the smallest box that had at least as many pledge cards as workers as indicated in the charity's administrative data.¹ All pins and raffle materials were added to the box last so they would be the first thing seen by the ECM upon opening the box.

Each staffer was given a list of the workplaces that were included in the experiment. The box assigned to a workplace had a label indicating the company name, the number of pledge cards in the box, and what materials they received so the staffer would not be confused about which workplace received which box and what materials they should be discussing with that ECM. I prepared the boxes and ensured the right materials were included in each box and that the boxes were labeled appropriately. The staffers were provided the boxes in advance of any meetings they had with the ECMs. The staffers were required to bring the specific labeled box to the associated workplace. For many campaigns, the staffer visited the ECM personally. For other campaigns, the staffer mailed the box or dropped it off at the office without a meeting.

While all 361 workplaces were randomized into a treatment, not all 361 workplaces are included in the experimental analysis. There are three reasons why workplaces are excluded from the analysis:

1. The workplace never received a box and thus never received the treatment or the control (72 total workplaces).² There are four reasons why workplaces did not receive a box:
 - Some workplaces had begun their campaigns before the workplaces were randomized into treatments and before the program was introduced to the staffers on September 14, 2009. These workplaces did not receive either the control or treatment conditions and so were excluded from the experiment (17 workplaces).
 - Some workplaces decided not to run a campaign before receiving any campaign materials, mostly citing the state of the economy (19 workplaces).

¹ If a staffer conversation with an ECM indicated that the workplace had many more (or many fewer) workers than was indicated in the administrative data, the box was upsized to be a larger box, e.g., from 25 to 50 (or downsized to be a smaller box, e.g., from 50 to 25). Any additional materials required by the treatment were upsized (or downsized) accordingly. Consequently, each workplace got a box of one of those 4 sizes.

² These workplaces were ruled out by conversations with the staffers in the first few weeks of the campaign (before any campaign results were known).

- Some workplaces had moved, gone out of business, or were unable to be reached by the staffer (21 workplaces).
 - Some workplaces had decided to use their own materials or were running their workplace campaign as part of a national campaign or as an online campaign (15 workplaces).
2. The workplace had multiple boxes assigned or requested multiple boxes (9 total workplaces). Some companies had multiple workplaces and asked for a box for each workplace. Other workplaces had multiple boxes assigned to them (due to multiple unique identifiers accidentally being assigned to one workplace in the charity's database).³
3. The workplaces had not run a campaign in any previous year in my administrative data: they had zero donations in each year from 2003 to 2008 (2 total workplaces).

A.3 Alternative Empirical Specifications for Field Experiment — Robustness

In the main text, we estimate a two-stage least squares specification investigating the effect of pin use on (a) the amount donated in 2009 and (b) the difference in donations between 2008 and 2009. Here we show robustness by looking at alternative specifications.

First, we investigate the use of the raffle materials in the pins and raffle treatment. In primary specification, we assume — as part of the exclusion restriction — that the only effect of the experimental treatments on donation works through the use of the pins. Here we estimate a richer two-stage least squares specification in which we allow for use of the pins and use of the raffle materials to both affect giving. Results are shown in Table A2. We estimate effects of using the pins that are larger in magnitude than in the primary specification (\$961 rather than \$865 and, importantly, no significant effect of the use of raffle materials on giving).

Second, we report the results of an OLS specification that looks for the effect of being randomly assigned to receive pins and to additionally receive raffle materials. The intent-to-treat effects are estimated using the reduced form regression here:

$$D_j = \beta_1 \times \text{received pins}_j + \beta_2 \times \text{received raffle materials}_j + \boldsymbol{\beta}_3' \mathbf{X}_j + \varepsilon_j \quad (5)$$

³ For example, four workplaces were excluded that each had unique identifiers in the charity database in 2008 but were all part of the same organization, an error that was corrected in 2009. Multiple identifiers cause both contamination (the same organization receives multiple treatments) and data integrity problems (the donations at the workplace level becomes suspect). These companies were identified by administrative data (e.g., the same ECM name was listed as a contact for multiple workplaces) or from conversations with the staffers.

where j indexes workplaces and D_j is the dependent variable: either the amount donated by workplace j in 2009 or the difference in donation for workplace j between 2008 and 2009. As in the primary analysis, the empirical specifications include a vector of controls, X_j , for both historic giving by year and other workplace characteristics. For estimating treatment effects, $received\ pins_j$ is a dummy equal to 1 if workplace j received pins in either treatment and $received\ raffle\ materials_j$ is a dummy equal to 1 if workplace j was in the pins and raffle treatment and so also received raffle materials. Results are shown in Table A3. We estimate a significant positive effect of being randomly assigned to receive pins and a directionally negative (and not significant) effect receiving raffle materials in addition to the pins.

Third, we evaluate the importance of the assumption that ECMs who could not be reached in the post survey did not use the pins in their workplace campaigns. In Table A4 we rerun the primary specification from the main text but assume that any workplace in the pins treatment or pins and raffle treatment that could not be reached in the post survey used the pins. We find results that are largely consistent in terms of sign and statistical significance with the results in the main text, although with slightly smaller magnitudes on the effect of pin use (\$598 rather than \$865).

Table A2: Amount Donated – 2SLS for Pin Use and Raffle Use

	\$ Donated in 2009		\$ Donated in 2009 - \$ Donated in 2008	
	(1)	(2)	(3)	(4)
Use pins	960.81 (423.80)**		1,140.7 (413.33)***	
Use raffle materials	-362.86 (582.33)		-340.89 (609.13)	
Use pins * Low participation 2008		1,430.9 (1,681.9)		1,331.3 (1,729.8)
Use pins * Medium participation 2008		2,054.5 (764.13)***		2,109.9 (753.98)***
Use pins * High participation 2008		-70.217 (506.32)		235.11 (502.26)
Use raffle * Low participation 2008		-1,476.8 (1,996.8)		-1,177.7 (2,055.4)
Use raffle * Medium participation 2008		53.030 (1,020.2)		330.36 (1,068.1)
Use raffle * High participation 2008		-481.84 (728.61)		-761.44 (837.24)
Low participation 2008		1,683.7 (1,624.9)		1,339.2 (1,688.3)
Medium participation 2008		-565.10 (1,832.1)		-1,027.6 (1,908.6)
High participation 2008		-188.94 (1,887.8)		-727.08 (1,949.0)
Total \$ donated in 2008	0.8874 (0.05019)***	0.8909 (0.04897)***		
No campaign in 2008	294.08 (313.14)	-1,515.8 (873.20)*	722.59 (289.28)**	-1,205.2 (871.22)
Workplace controls	Yes	Yes	Yes	Yes
Observations	278	278	278	278
R-squared	0.98	0.98	0.64	0.66

Note: Robust standard errors are in parentheses: * significant at 10%; ** significant at 5%; *** significant at 1%. Use pins and Use raffle materials are determined based on a phone survey of Employee Campaign Managers (ECMs). Positive responses to “Did you use the pins?” are coded as Use pins = 1. Positive responses to “Did you use the raffle tickets?” are coded as Use raffle materials = 1. ECMs who were not reached are coded as 0 for both variables. Workplace controls include amount donated in each campaign year 2003-2007, a dummy equal to 1 if there was no campaign run in each year 2003-2007, the number of employees in each workplace in 2009 and in 2008, whether the workplace replied to a pre-survey in July 2009, a dummy for each charity staffer who contacted employee campaign managers, dummies for the industry of the workplace, and dummy if the workplace was a non-profit that could receive money from the charity. Low participation 2008 indicates that the participation rate in 2008 (the number of donors in 2008 divided by the number of employees in 2008) was < 4% in 2008 (bottom tercile), Medium participation 2008 indicates the participation rate was ≥ 4% and < 42% in 2008 (middle tercile), High participation 2008 indicates the participation rate was ≥ 42% in 2008 (top tercile). Among the 278 workplaces: mean amount donated was \$5341, median was \$1688. For low: mean=\$830, median=\$0; for medium: mean=\$8203, median=\$3332; for high: mean=\$6865, median=\$2573.

Regression (1) and (3) show that using the pins had a significant positive effect on donations and that using the raffle materials had no observable affect on donations. Regressions (2) and (4) show the effect of using the effect of the pin arises from workplaces with 4% to 42% participation rates in 2008.

Table A3: Amount Donated – OLS for Receiving Pins and Receiving Raffle Materials

	\$ Donated in 2009		\$ Donated in 2009 - \$ Donated in 2008	
	(1)	(2)	(3)	(4)
Received pins	520.55 (258.32)**		619.07 (248.22)**	
Received raffle materials	-308.82 (318.65)		-324.40 (329.79)	
Received pins * Low participation 2008		307.91 (452.47)		304.01 (469.70)
Received pins * Medium participation 2008		1,109.0 (472.78)**		1,137.5 (459.32)**
Received pins * High participation 2008		21.561 (423.07)		236.94 (435.39)
Received raffle materials *		-273.24		-211.46
Low participation 2008		(533.29)		(563.35)
Received raffle materials *		-286.51		-158.75
Medium participation 2008		(602.93)		(622.07)
Received raffle materials *		-220.12		-454.33
High participation 2008		(419.10)		(488.06)
Low participation 2008		369.03 (779.48)		260.81 (851.47)
Medium participation 2008		-1,829.5 (1,221.9)		-2,063.9 (1,320.1)
High participation 2008		-1,640.8 (1,254.5)		-1,963.0 (1,333.8)
Total \$ donated in 2008	0.8876 (0.05779)***	0.8984 (0.05588)***		
No campaign in 2008	200.69 (333.17)	-1,538.1 (918.98)*	608.35 (314.96)*	-1,288.8 (927.13)
Workplace controls	Yes	Yes	Yes	Yes
Observations	278	278	278	278
R-squared	0.98	0.98	0.66	0.69

Note: Robust standard errors are in parentheses: * significant at 10%; ** significant at 5%; *** significant at 1%. Received pins is equal to 1 if the workplace received pins as part of the campaign (i.e., is in the pins treatment or pins and raffle treatment). Received raffle materials is equal to 1 if the workplace is in the pins and raffle treatment, and the coefficient reflects the additional effect of receiving raffle materials in addition to the pins. Workplace controls include amount donated in each campaign year 2003-2007, a dummy equal to 1 if there was no campaign run in each year 2003-2007, the number of employees in each workplace in 2009 and in 2008, whether the workplace replied to a pre-survey in July 2009, a dummy for each charity staffer who contacted employee campaign managers, dummies for the industry of the workplace, and dummy if the workplace was a non-profit that could receive money from the charity. Low participation 2008 indicates that the participation rate in 2008 (the number of donors in 2008 divided by the number of employees in 2008) was < 4% in 2008 (bottom tercile), Medium participation 2008 indicates the participation rate was ≥ 4% and < 42% in 2008 (middle tercile), High participation 2008 indicates the participation rate was ≥ 42% in 2008 (top tercile). Among the 278 workplaces: mean amount donated was \$5341, median was \$1688. For low: mean=\$830, median=\$0; for medium: mean=\$8203, median=\$3332; for high: mean=\$6865, median=\$2573.

Regressions (1) and (3) show that including the pins in the campaign materials had a significant positive effect on the amount donated by the workplace of \$521; including pins and raffle materials had a directionally positive but insignificant effect of \$212 (\$521-\$309). Regressions (2) and (4) show the effect is driven by workplaces with the middle tercile of participation rates in 2008 (i.e., 4% to 42%).

Table A4: Amount Donated – 2SLS for Pin Use Assuming Non-Response Means Use

	\$ Donated in 2009		\$ Donated in 2009 - \$ Donated in 2008	
	(1)	(2)	(3)	(4)
Use pins	597.93 (303.87)**		727.94 (297.33)**	
Use pins * Low participation 2008		291.92 (466.26)		329.65 (489.13)
Use pins * Medium participation 2008		1,614.1 (551.09)***		1,726.6 (539.95)***
Use pins * High participation 2008		-11.728 (486.31)		202.78 (496.76)
Low participation 2008		880.42 (872.56)		885.37 (955.25)
Medium participation 2008		-1,291.5 (1,255.3)		-1,396.0 (1,358.9)
High participation 2008		-1,037.3 (1,306.1)		-1,243.8 (1,400.4)
Total \$ donated in 2008	0.8885 (0.05003)***	0.9075 (0.04804)***		
No campaign in 2008	111.31 (277.47)	-1,447.3 (764.20)*	494.80 (261.95)*	-1,224.9 (765.56)
Workplace controls	Yes	Yes	Yes	Yes
Observations	278	278	278	278
R-squared	0.98	0.98	0.65	0.67

Note: Robust standard errors are in parentheses: * significant at 10%; ** significant at 5%; *** significant at 1%. Use pins is determined based on a phone survey of Employee Campaign Managers (ECMs). Positive responses to “Did you use the pins?” are coded as 1, ECMs in the pins treatment and pins and raffle treatment who were not reached are assumed to have used the pins and are coded as 1. Workplace controls include amount donated in each campaign year 2003-2007, a dummy equal to 1 if there was no campaign run in each year 2003-2007, the number of employees in each workplace in 2009 and in 2008, whether the workplace replied to a pre-survey in July 2009, a dummy for each charity staffer who contacted employee campaign managers, dummies for the industry of the workplace, and dummy if the workplace was a non-profit that could receive money from the charity. Low participation 2008 indicates that the participation rate in 2008 (the number of donors in 2008 divided by the number of employees in 2008) was < 4% in 2008 (bottom tercile), Medium participation 2008 indicates the participation rate was ≥ 4% and < 42% in 2008 (middle tercile), High participation 2008 indicates the participation rate was ≥ 42% in 2008 (top tercile). Among the 278 workplaces: mean amount donated was \$5341, median was \$1688. For low participation: mean=\$830, median=\$0; for medium: mean=\$8203, median=\$3332; for high: mean=\$6865, median=\$2573.

These results look similar to the specification in the main text, demonstrating that effects are not driven by the assumption about pin use by those not reached.

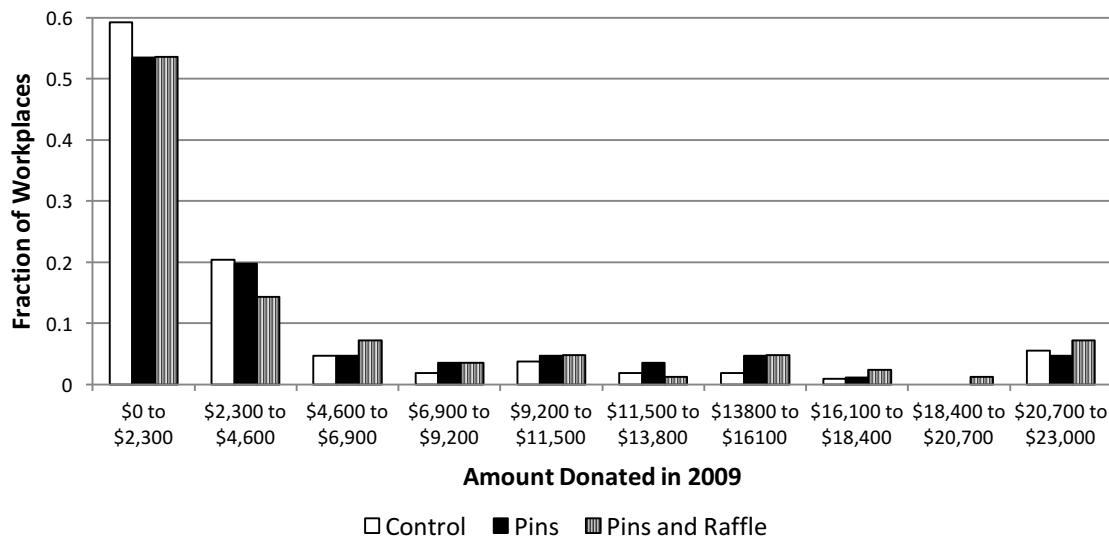


Figure A1: Histogram of Amount Donated by Treatment

Note: For display purposes, treats the top 5% of workplaces (>\$23,000) as being in the range “\$20,700 to \$23,000”

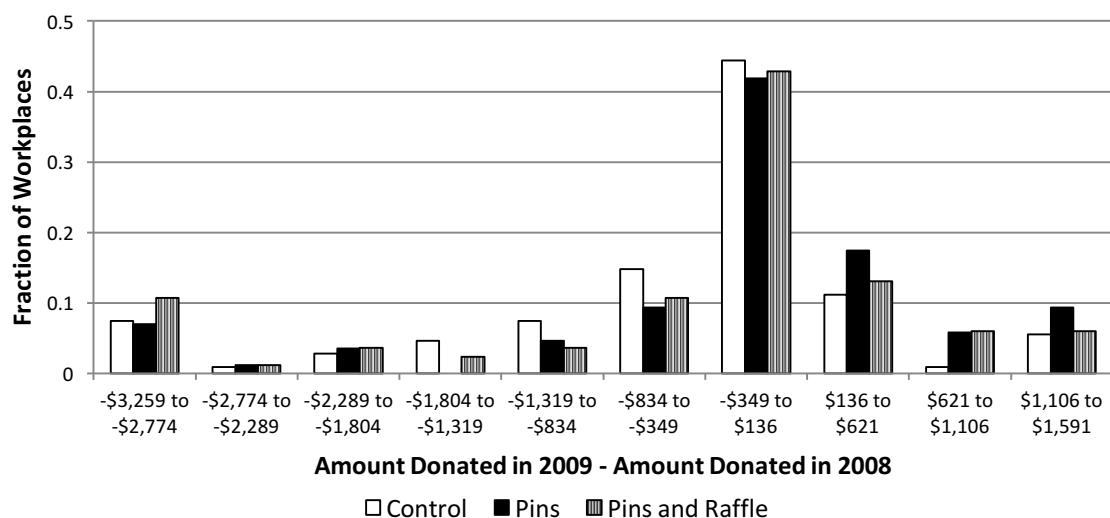


Figure A2: Histogram of Difference in Amount Donated by Treatment

Note: For display purposes, treats the top 5% of workplaces (> \$1,600) as being in the range “\$1,106 to \$1,591” and treats the bottom 5% of workplaces (< -\$3,275) as being in the range “-\$3,259 to -\$2,774”

A.4 Map of the Experimental Laboratory

Figure A3 shows a map of the experimental laboratory. A high divider sits on each desk to provide privacy and made it difficult to see up to the front of the room. Only 12 subjects were in each session. Subjects were seated in the second and fifth seat of each row so they were visually isolated from each other and so they could not easily see subjects walking in the aisles on either side of the lab.

When subjects were called up to the front of the room, they walked to the aisle and up to the front of the room where they saw each other and received an envelope of cash from the experimenter before returning to their seats.

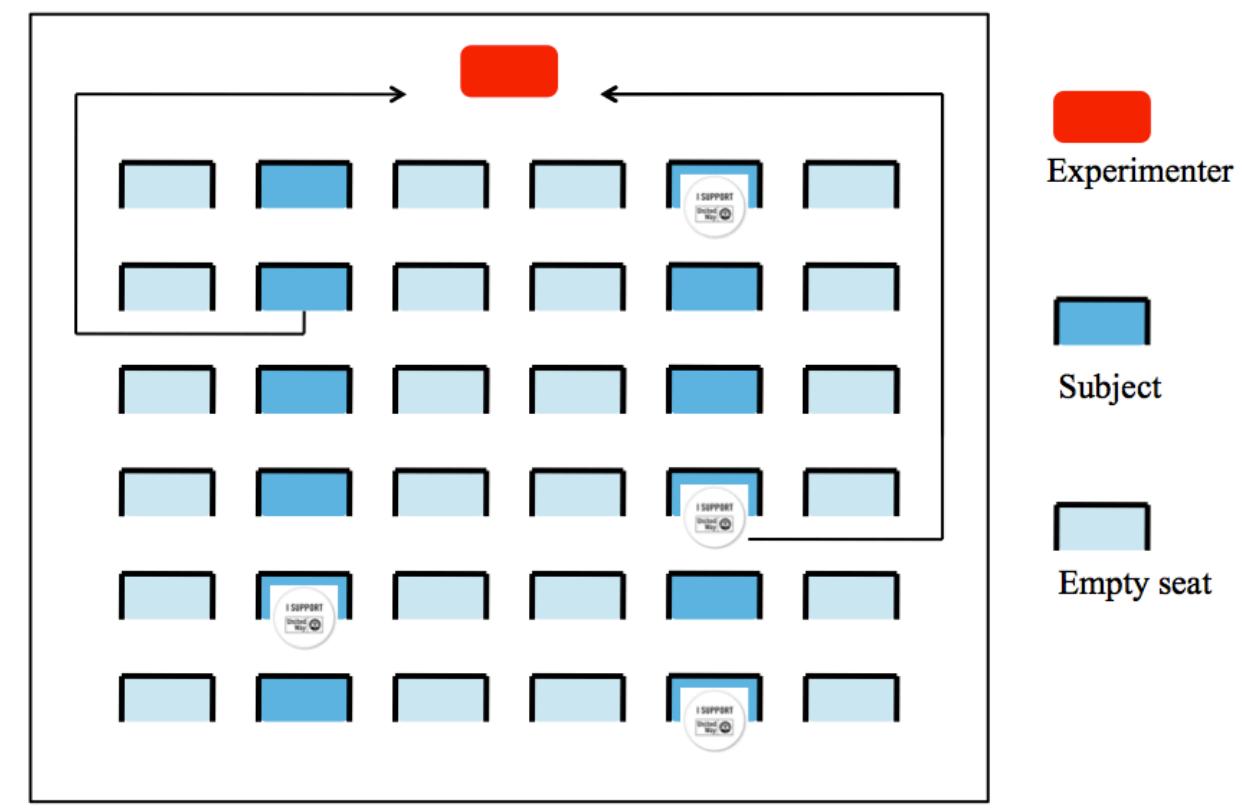


Figure A3: Map of Experimental Laboratory

A.5 Effect of Pin Wearer in Laboratory Experiment 1

Here, we briefly mention and dismiss two alternative explanations for why seeing a pin wearer at the front of the room might increase donations.

The first is that it makes subjects think people in the session are more generous (and so in expectation they will earn more money if they are randomly assigned to be a receiver in the dictator game). Reported beliefs contradict this story. After the donation decision, subjects are asked to guess the dictator game giving of other subjects in the session for 3 of the dictator games. Those exposed to pin wearers think the average dictator gives *less* than those exposed to non-wearers. In addition, the second laboratory experiment replicates results without the dictator games. The second alternative explanation is that pin wearers are more pleasant people and exposure to pleasant people increases donations. However, the interaction at the front of the room only lasts a few seconds and occurs silently. In addition, beliefs reveal that subjects do not think that pin wearers give more in the dictator games than non-wearers, and observable characteristics (e.g., gender and age) of the person a subject sees at the front of the room do not affect giving. Finally, the second experiment replicates the same pattern of results with anonymous announcements made through the computer.

A.6 Restricted Pin Option Treatment in Laboratory Experiment 1

We ran a fifth treatment in the first experimental paradigm called the *restricted pin option treatment* (264 subjects in 22 sessions). In the restricted pin option treatment, subjects are given the same instructions as the *pin option treatment*. In addition, subjects are told “of the two people called to the front of the room at the same time, one has the opportunity to donate money to United Way today and the other does not.” Subjects are then told whether or not they have the opportunity to donate money. Consequently, as in the pin option treatment, the pins can provide information about a subject’s support for the charity. However, those who are able to donate as part of the experiment are told that the people they see at the front of the room (wearing or not wearing the pin) are not allowed to donate. In the restricted pin option treatment, 29% of subjects choose to wear the pin (32% of those who could donate and 26% of those who could not).⁴

⁴ The sessions were run in February, March, April, and October of 2014 (17 sessions) and August of 2016 (5 sessions). There were no statistical differences in behavior within any treatment across years and so all data have been combined for analysis.

Consequently, of the 132 subjects who had the opportunity to donate to United Way, 34 were exposed to a pin wearer and 98 were exposed to a non-wearer.

Results of the restricted pin option treatment look directionally similar to the pin option treatment but directionally smaller and not statistically significant. Subjects exposed to a subject wearing a pin who could not donate gave on average \$0.21 more than subjects exposed to a non-wearer. However, the decisions are much noisier — the standard error of the estimate is 0.65 cents — suggesting that the coefficient easily could be 0 or be the same size as the coefficient in the pin option treatment. Consequently, instead of drawing inferences from the restricted pin option treatment in the first laboratory experiment, we focus in this paper instead on the *restricted-announce treatment* in the second experiment, which generates an analogue of this experimental treatment in the new paradigm, which provides more statistical power.

While we do not focus on this treatment, there are two things to note. First, average donations by those allowed to donate in the restricted pin option treatment are much higher than in the corresponding pin option treatment. Donations among those who were exposed to a non-wearer are \$0.85 higher in the restricted pin option treatment (\$1.17 in the pin option treatment versus \$2.02 in the restricted pin option treatment; 192 obs: t-test, $p=0.017$). This may reflect that subjects eligible to donate feel like they have to donate “for two” since only half of subjects can donate. In any case, the higher level contributes to higher standard errors and may make it harder to observe a positive treatment effect of exposure to a pin wearer. Second, potential explanations for the directionally smaller treatment effect of announcements on donations in the restricted pin option treatment than the pin option treatment are that in the restricted pin option treatment: (1) subjects are less observant about the pins and (2) subjects’ beliefs respond less to them. We have suggestive evidence of both. Subjects were provided with an incentive to correctly guess whether the pin wearer wore the pin, 81% answer this correctly in the pin option treatment and a directionally smaller 76% answer this correctly in the restricted pin option treatment. Similarly, beliefs about the donation of the person at the front of the room increase by \$0.87 when exposed to a pin wearer in the pin option treatment while reported beliefs about how much the subject at the front of the room would have donated if they could have increase by a directionally smaller \$0.58 when exposed to a pin wearer.

A.7 Charities and descriptions in Laboratory Experiment 2

The twenty charities chosen for the second laboratory experiment came from the Forbes list of U.S. charities based on how much private funding they had received in 2013 as identified by Forbes Magazine (www.forbes.com/top-charities/list/, accessed 6/16/14). The charity names and descriptions for the charity randomly selected for each round were shown to subjects as they made their support and donation decisions and answered belief questions about the charity. Descriptions were adapted from the charities' websites, usually the mission statement page.

Table A6: Charities in the Second Experiment

Charity Name	Charity Description	2013 Private Support \$M
United Way	United Way envisions a world where all individuals and families achieve their human potential through education, income stability and healthy lives. United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.	\$3,926
Salvation Army	The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.	\$1,885
Task Force for Global Health	Mission: To reduce the burden of vaccine-preventable and neglected tropical diseases and strengthen health delivery systems by forging partnerships and applying innovative solutions to global health problems. Vision: Contribute to innovative solutions that move the world toward global health equity.	\$1,660
Feeding America	Feeding America is the nation's leading domestic hunger-relief charity. Our mission is to feed America's hungry through a nationwide network of member food banks and engage our country in the fight to end hunger	\$1,511
Catholic Charities	Catholic Charities USA (CCUSA) is the national office for Catholic Charities agencies nationwide. Catholic Charities USA's members provide help and create hope for millions of people a year, regardless of their religious, social, or economic background. CCUSA provides leadership and support for the work of local agencies in their efforts to reduce poverty, support families, and empower communities.	\$1,447
Goodwill	Goodwill works to enhance the dignity and quality of life of individuals and families by strengthening communities, eliminating barriers to opportunity, and helping people in need reach their full potential through learning and the power of work. Goodwill strives to enhance the dignity and quality of life of individuals and families by helping people reach their full potential through education, skills training and the power of work.	\$949
Food for the Poor	Food For The Poor is the largest international relief and development organization in the United States, according to the Chronicle of Philanthropy. Founded in 1982, our interdenominational Christian ministry serves the poorest of the poor in 17 countries throughout the Caribbean and Latin America. Thanks to our faithful donors, our programs provide housing, healthcare, education, fresh water, emergency relief and micro-enterprise assistance in addition to feeding hundreds of thousands of people each day.	\$891

American Cancer Society	For more than 100 years, the American Cancer Society has worked relentlessly to save lives and create a world with less cancer and more birthdays. Together with millions of our supporters worldwide, we help people stay well, help people get well, find cures, and fight back against cancer.	\$889
YMCA	We know that lasting personal and social change comes about when we all work together. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.	\$827
World Vision	World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the root causes of poverty and injustice. Working in nearly 100 countries around the world, we serve all people, regardless of religion, race, ethnicity, or gender.	\$826
St. Jude Children's Research Hospital	The mission of St. Jude Children's Research Hospital is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. Consistent with the vision of our founder Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay.	\$802
Boys and Girls Club of America	Our Mission: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Core Beliefs: A Boys & Girls Club Provides: A safe place to learn and grow... Ongoing relationships with caring, adult professionals... Life-enhancing programs and character development experiences...Hope and opportunity.	\$699
American Red Cross	The American Red Cross, through its strong network of volunteers, donors and partners, is always there in times of need. We aspire to turn compassion into action so that: all people affected by disaster across the country and around the world receive care, shelter and hope; our communities are ready and prepared for disasters; everyone in our country has access to safe, lifesaving blood and blood products; all members of our armed services and their families find support and comfort whenever needed; and in an emergency, there are always trained individuals nearby, ready to use their Red Cross skills to save lives.	\$687
Habitat for Humanity	As a nonprofit, ecumenical Christian ministry that builds with people in need regardless of race or religion, we welcome volunteers and supporters from all backgrounds. We have more than 1,500 local affiliates in the United States and more than 70 national organizations around the world. Together, we have helped to build or repair more than 800,000 houses and serve more than 4 million people worldwide.	\$674
Feed the Children	Feed the Children exists to end childhood hunger. It's the cause upon which we were founded 35 years ago and the one that we continue to fight for each and every day. We know it takes the power of many to end childhood hunger for good. We connect donors, experts, partners, leaders and communities to attack the problem from all angles. We are taking a stand and we will not rest until every child has enough to eat.	\$614
Compassion International	Compassion International exists as a Christian child advocacy ministry that releases children from spiritual, economic, social and physical poverty and enables them to become responsible, fulfilled Christian adults. Founded by the Rev. Everett Swanson in 1952, Compassion began providing Korean War orphans with food, shelter, education and health care, as well as Christian	\$596

	training. Today, Compassion helps more than 1.2 million children in 26 countries.	
Nature Conservancy	The mission of The Nature Conservancy is to conserve the lands and waters on which all life depends. How do we achieve this mission? Through the dedicated efforts of our diverse staff, including more than 600 scientists, located in all 50 U.S. states and more than 35 countries. With the help of our many partners, from individuals and governments to local nonprofits and corporations.	\$536
AmeriCares	We respond to disasters, the ones you see and the ones you don't. When an injured child is pulled from the rubble of a massive earthquake or an expectant mom struggles without health insurance, we are there with aid that restores health and saves lives. When poverty, disease, or deadly conflict cause health crises, we deliver medicines, medical supplies and humanitarian aid to a trusted network of clinics, hospitals and health care providers around the world.	\$525
American Heart Association	Our Mission: Building healthier lives, free of cardiovascular diseases and stroke. What We Do: To improve the lives of all Americans, we provide public health education in a variety of ways. We're the nation's leader in CPR education training. We help people understand the importance of healthy lifestyle choices. We provide science-based treatment guidelines to healthcare professionals to help ensure the best treatment for every patient, every time. We educate lawmakers, policy makers and the public as we advocate for changes to protect and improve the health of our communities.	\$511
Campus Crusade for Christ	Our goal is to equip and encourage you as an active Christian by providing proven and effective resources that help you advance the Great Commission. We publish and distribute ministry resources that have been developed by the staff and ministries of Campus Crusade for Christ to serve and empower churches, staff members, and individual believers like you who have a heart for ministry.	\$503

A.8 Robustness of Laboratory Experiment 2

Five additional sessions of the main treatments of the second experiment were run in which a subject who had participated in a previous session managed to participate as a result of the laboratory failing to screen out subjects from previous sessions. The analysis in the paper drops the data from these sessions entirely. To show that our results are robust to including these subjects, Table A7 replicates Table 4 using these additional 5 sessions, allowing each subject who participated twice to appear twice in the data. Results are nearly identical. Results are also nearly identical when we associate all observations for a subject who participated twice with the same fixed effect and cluster at the subject level.

Table A7: Announcement of Support (Laboratory Experiment 2) – Including extra data

	Donation (1)	Overall quality beliefs (2)	Average donation beliefs (3)	Should donate beliefs (4)
Exposed in announce	0.12 (0.029)***	0.16 (0.023)***	0.28 (0.021)***	0.25 (0.054)***
Exposed in restricted-announce	0.11 (0.042)**	0.19 (0.033)***	0.33 (0.032)***	0.24 (0.081)***
Exposed in donation-and-announce	-0.022 (0.044)	0.086 (0.031)***	0.076 (0.027)***	0.053 (0.063)
Announce	-0.15 (0.025)***	-0.067 (0.021)***	-0.16 (0.025)***	-0.16 (0.047)***
Restricted-announce	-0.13 (0.037)***	-0.11 (0.024)***	-0.19 (0.031)***	-0.24 (0.073)***
Donation-and-announce	-0.11 (0.038)***	-0.10 (0.028)***	-0.28 (0.038)***	-0.22 (0.065)***
<i>Controls</i>				
Subject fixed effects	Yes	Yes	Yes	Yes
Charity dummies	Yes	Yes	Yes	Yes
Round dummies	Yes	Yes	Yes	Yes
Other donation dummies	Yes	Yes	Yes	Yes
Observations	15,240	15,240	15,240	15,240
Subjects	1,016	1,016	1,016	1,016
Sessions (Clusters)	65	65	65	65
R-squared	0.069	0.298	0.169	0.100

Note: Fixed effect specifications with robust standard errors clustered by session in parentheses: * significant at 10%; ** significant at 5%; *** significant at 1%. Exposed in announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the announce treatment. Exposed in restricted-announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the restricted-announce treatment. Exposed in donation-and-announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the donation-and-announce treatment. Announce is a dummy equal to 1 in the announce treatment. Restricted-announce is a dummy equal to 1 in the restricted-announce treatment. Donation-and-announce is a dummy equal to 1 in the donation-and-announce treatment. The control treatment is the excluded group. Overall quality beliefs is on a 1-4 scale. Average donation beliefs is a number from 0 to 15. Should donate beliefs is a number from 0 to 15. All regressions include subject fixed effects, dummies for each of the 20 charities, dummies for each of the 20 rounds, and dummies for the other subject's donation in the donation-and-announce treatment.

A.9 Surprise-Announce Treatment in Laboratory Experiment 2

We ran a fifth treatment in the second experimental paradigm called the *surprise-announce treatment* (116 subjects in 8 sessions). In the *surprise-announce treatment*, one subject in each pair has the opportunity to announce support for the charity by sending the message “I support this charity” to the person they are paired with in the round. But, only the subject with the opportunity to announce support knows that an announcement is possible. This treatment is nearly identical to the *announce treatment* but aimed to eliminate the negative effect of being exposed to a subject who fails to announce support. The latter subjects participate in 10 rounds of control and 10 rounds of surprise-announce (in 5 of those rounds they are allowed to announce support and in 5 they have the potential to receive surprise announcements of support). The order of these two treatments varied by session.⁵

Results from a regression including this treatment are shown in Table A8. The coefficient Surprise-announce is directionally negative, either due to random chance (indeed, the standard error on the estimate is quite large) or because — given the repeated nature of the experiment — subjects assume there is a possibility of an announcement even in the surprise-announce treatment. In addition, being exposed to an announcement of support in the surprise-announce treatment is estimated to be \$0.28 higher than if no announcement was made ($p<0.01$). In addition, a post-estimation test confirms that the sum of Surprise-announce and Exposed in Surprise-announce is positive and significant ($p=0.013$). This shows an additional robustness of announcements of support.

Finally, comparing across all of our data we find that compared to the control group, the surprise-announce treatment generates a 17% increase in donations — across all of the data, the average donation in the control group is \$0.72 as compared to \$0.84 in the surprise-announce treatment. We also find a 24% increase when comparing these two treatments based on between-subject variation only by looking at the first 5 rounds of the experiment, when each subject have only experienced one treatment.

⁵ The control (C) and surprise (S) rounds were split into groups of 5 rounds and two orders were selected: CSCS and SCSC. The 8 sessions were split evenly and each of the two orders was used in 4 sessions.

Table A8: Exposure to Announcement of Support (Laboratory Experiment 2)

	Donation (1)
Exposed in surprise-announce	0.28 (0.079)***
Exposed in announce	0.12 (0.029)***
Exposed in restricted-announce	0.100 (0.045)**
Exposed in donation-and-announce	-0.030 (0.045)
Surprise-announce	-0.076 (0.092)
Announce	-0.15 (0.027)***
Restricted-announce	-0.12 (0.043)***
Donation-and-announce	-0.10 (0.038)***
Subject fixed effects	Yes
Charity dummies	Yes
Round dummies	Yes
Other donation dummies	Yes
Observations	15,810
Subjects	1,054
Sessions (Clusters)	68
R-squared	0.072

Note: Fixed effect specifications with robust standard errors clustered by session in parentheses: * significant at 10%; ** significant at 5%; *** significant at 1%. Exposed in surprise-announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the surprise-announce treatment. Exposed in announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the announce treatment. Exposed in restricted-announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the restricted-announce treatment. Exposed in donation-and-announce is a dummy equal to 1 if the subject was exposed to an announcement of support in the donation-and-announce treatment. Surprise-announce is a dummy equal to 1 in the surprise-announce treatment. Announce is a dummy equal to 1 in the announce treatment. Restricted-announce is a dummy equal to 1 in the restricted-announce treatment. Donation-and-announce is a dummy equal to 1 in the donation-and-announce treatment. The control treatment is the excluded group. All regressions include subject fixed effects, dummies for each of the 20 charities, dummies for each of the 20 rounds, and dummies for the other subject's donation in the donation-and-announce treatment.