UNIVERSITÄT PASSAU

Seminar Paper

Long-Run Effects of Ex-Ante Committing to Donate "If You Win" on Charity Donations: An Experimental Analysis

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Abstract

The present study experimentally investigates how a temporary commitment to donate conditional as compared to unconditional on winning money in a future lottery affects donations in the short and long run. An experiment was conducted over three rounds in which participants were asked to allocate money between themselves and charity. Only the first round included the mentioned lottery. Results show no immediate effect of the conditional treatment on giving behavior. Once no lottery takes place anymore, the size of donations decreases significantly stronger in the conditional treatment. This effect diminishes in the long run. Still, asking people ex-ante to commit to donate might not be a good incentive to encourage giving behavior.

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List of Abbreviations

CT   Conditional treatment

OLS   Ordinary least squares

ppt   Percentage points

UCT   Unconditional treatment

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1.   Introduction

Prosocial preferences such as altruism and reciprocity do often not lead to socially optimal donation levels (Meier 2007). That is why charity organizations try to enhance donations using various incentives. One of these incentives that was recently studied by Kellner, Reinstein and Riener (2019) is asking employees to make a conditional commitment to donate before receiving an uncertain bonus payment. The commitment is conditional as employees only donate money *if* they receive the bonus. This likely has a positive immediate effect on donations for two reasons. First, it temporarily reduces the price of a donation by allowing donors to commit without risking to "lose" part of their regular income to charity if they do not receive the bonus. Second, it avoids the feeling of loss that employees might face when being asked to donate *after* receiving their bonus. However, the effect on donations is less clear once the incentive to donate is removed (Meier 2007). Several papers presented in Section 2 study the long-term effects of temporary incentives on human behavior and find ambiguous results.

The long-run effects on giving behavior are however very relevant to charity organizations who rely on regular donations – regardless of donors' uncertain occasional bonus payments. Hence, a conditional commitment to donate is only an appropriate incentive if regular donations remain constant or increase over time. It might however discourage regular donations by undermining individuals' incentives to behave pro-socially (e.g. Bénabou & Tirole 2003). Then, a charity might be worse off than without offering this temporary incentive. As this negative effect is not desirable, the present study aims to analyze the effects of a temporary commitment to donate – conditional as compared to unconditional on winning a lottery – on donations in the short and long run. A lottery, in which participants win money with a certain probability, replaces the uncertain bonus.

2.   Related Literature

The present paper mainly builds on the study by Kellner et al. (2019) who experimentally investigate how participants distribute money won in a lottery between themselves and charity. The authors find that donations are more likely and higher, if participants commit to donate *before* the lottery's outcome is clear (conditional on winning the lottery) in comparison to participants who decide afterwards. The present paper extends this idea by

experimentally investigating giving behavior of participants who ex-ante commit to donate *independent* of winning money in the lottery (unconditional commitment) as compared to those who commit to donate *conditional* on winning money. In addition, this paper is to my best knowledge the first one to investigate long-run effects of removing the incentive of a conditional commitment in subsequent periods.

Several empirical papers already studied the long-run effects of various temporary incentives on human behavior, using randomized field experiments to. Celhay et al. (2019) e.g. find that temporary financial incentives paid to health clinics lead to a substantial increase in the rate of early initiation of prenatal care that persists at least two years after having removed the incentive. Gertler et al. (2017) provide evidence that a temporary incentive to open and use a savings account in Mexico can have a strong positive effect both in the short run and several years after the incentive is removed. Schaner (2018) finds a long-term increase in income and assets induced by temporarily raised interest rates for individual bank accounts in rural Kenya. In contrast, Volpp et al. (2006) show that monetary incentives to attend anti-smoking classes and quit smoking enhance smoking cessation in the short run, but the effect vanishes once the incentive is removed. A model study by Bénabou and Tirole (2003) and a review of empirical literature by Gneezy, Meier and Rey-Biel (2011) suggest that a temporary incentive to behave pro-socially can even have negative long-term impacts by undermining a person's intrinsic motivation. Meier (2007) also finds that temporarily matching donations with a certain amount of money encourages donations in the short run, but crowds out giving behavior once this incentive is removed.

Overall, empirical evidence regarding the long-run effects of a temporary incentive on human behavior is ambiguous. The present study contributes to this empirical debate by exploring how the temporary incentive of committing to donate conditional versus unconditional on winning a lottery affects donations in the long run.

3.   Experimental Design

The experimental design of this study was built on Kellner et al. (2019) and Meier (2007). It consisted of three *independent* rounds and all subjects received the same information regarding the experiment. In each round they were asked to allocate money between

themselves and charity. Two medical charity organizations were chosen: *Ärzte ohne Grenzen e.V.* (Round 1 and 2) and *Ärzte der Welt e.V.* (Round 3). This allowed a variation between the last two rounds to avoid arbitrary behavior out of mere boredom. Since the great majority of participants was familiar with the former but not with the latter organization, a dummy variable was included in the regressions later on that indicated whether a participant knew the organization Ärzte der Welt.[1]

Participants were randomly assigned to one of two treatments that only differed in the first round. In each round, all participants received an initial endowment of 10€. The initial endowment represented a person's regular income. It was in contrast to Kellner et al. (2019) provided so participants would not face the risk of having to pay money out of their own pocket throughout the experiment.

In Round 1, the participants additionally participated in a lottery, where they could win further 10€ with a probability of 50%[2]. All participants had to choose how to allocate 10€ between themselves and charity prior to the lottery.[3] In the conditional treatment (CT), participants committed to donate the money only *if* they won the lottery, whereas in the unconditional treatment (UCT) participants committed to donate *independent* of winning the lottery. At the end of Round 1, participants then learned whether or not they had won the lottery. After each round, the participants were also asked to guess the average donation level of all participants of the respective round to be able to control for participants' beliefs in the regression analyses later on. This question was incentivized with 1€ for a correct guess to get honest information on their beliefs and avoid a justification bias.[4] In Round 2 and 3, no lottery took place. The participants only received the initial endowment of 10€ and were asked to allocate it between themselves and charity.

Standard game theory would predict that participants, making a rational decision and hence maximizing their payoffs, allocate no money to charity independent of the treatment and of the possibility to win extra money in a lottery. If individuals deviate from the game-theoretic solution, possible reasons are e.g. that participants are concerned

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[1] A dummy variable that indicated whether a participant knew Ärzte ohne Grenzen was also included as a robustness check, but it had no effect on the results.
[2] The probability of winning the lottery is similar as in Kellner et al. (2019) in order to ensure comparability of the results.
[3] They were only allowed to choose integer numbers to facilitate their decision and the disbursement later on.
[4] Participants only learned whether they had earned the additional Euro after the third round, because this information could have otherwise affected the participants' behavior.

about the receiver's payoff (altruism) or want to avoid unequal payoffs (inequality aversion) (Camerer 2003).

4. Procedures

To program and run the experiment, the software classEx (Giamattei & Lambsdorff 2019) was used. The experiment was run with students during the lecture "Management und Unternehmensführung" of Tanja Steinhuber at the University of Passau on the 9th July 2019. The session took around 45 minutes.

As the experiment took place in a large lecture hall, no separation using screens was possible. To still ensure double blindness as far as possible, students were instructed prior to the experiment to remain silent and refrain from looking at their neighbors' phones. Moreover, the experimenter was ignorant of the individuals' choices. Additionally, the classEx-instructions looked very similar for both treatments by design and hence participants had to read their neighbors' instructions thoroughly to note any difference. To assure causal inferences, participants were assigned to the two treatments randomly and a between-subject design was chosen so their decision would not be influenced by previous treatments.

In total, 101 students participated in the experiment. Six observations were incomplete and could not be used; hence 95 observations remained.[5] 74% of the participants were female and the age ranged between 19 and 27 years with an average age of 21 years. Participants were on average in the fourth semester of their bachelor studies, mainly studying European studies (41%) or Media and Communication (39%). The remaining participants studied Computer Science, Teaching or Public Policy and Governance. 70% of all participants reported having given to charity at least once in their lives and the majority of participants (97%) knew the organization *Ärzte ohne Grenzen e.V.*, whereas only 18% had heard of *Ärzte der Welt e.V.* before.

In the beginning of the experiment, the experimenter read out the general instructions to the participants (e.g. regarding classEx, no communication among participants, monetary payoffs). Then, the experiment was started and any specific

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[5] Mostly, data was incomplete due to problems with the internet connection in the lecture hall.

instructions regarding the experiment were provided in written form on the participants' smartphones via classEx (see Appendix B). At the end of the experiment, participants were asked to complete a questionnaire including their demographics (age, gender, field of studies etc.), past donation behavior and risk aversion (see Appendix C).

As the Chair of Economic Theory (University of Passau) generously provided 100€ for the experiment, the experimenter was able to provide real monetary payoffs. Five participants were randomly drawn after the experiment to receive their payoffs for one randomly chosen round. Payoffs were disbursed outside the lecture hall right away, where screens assured privacy. The person in charge of the disbursement was entirely ignorant of the experiment and could not draw any conclusions regarding the participants' choices. The winning participants received their full payoffs and were then asked to put the part, which they had committed to donate, into the donation box of the respective organization. The donations were passed on to the organizations by the experimenter and donation receipts were shown to the students in the lecture two weeks later.

5.   Hypotheses

In the present experiment, participants assigned to the UCT have to face the risk of "losing" part of the initial endowment to charity in case they do not win the lottery. In the CT, this risk is not given and hence makes a donation appear less pricy. Meier (2007) finds that reducing the relative price of a donation by subsidizing it with a matching mechanism makes donations more likely and larger. Additionally, Exley (2016) shows that risk affects giving behavior. In her experiment, most participants choose a risky payoff for themselves over a safe payoff for charity. They do not take any risk however when choosing between a risky payoff for charity and a safe payoff for themselves. Exley (2016) concludes that participants use the risk of an uncertain charity payoff as a justification not to donate money to charity. In the UCT, donations appear pricier and come along with a risk that can be used to justify giving less or nothing. Hence, I expect the propensity (share of participants making a positive donation) and the size of donations[6] to be larger in the CT than in the UCT in Round 1.

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[6] In Round 1, the terms "donation" or "donate" refer to the commitment to donate, not the actual donation.

Hypothesis 1 (H1): *In Round 1, donations are more likely and larger in size in the CT than in the UCT.*

In the experiment conducted by Meier (2007), the relative price of giving goes up again when removing the matching incentive, which makes donations less likely and smaller. Also, temporary incentives can crowd out the intrinsic motivation of a person (Frey, 1997). In the present experiment, participants in the UCT already face the risk of "losing" part of their initial endowment to charity in Round 1. Hence, the perceived price of a donation should not change in the UCT after Round 1. In the CT, the opposite should be the case as the initial endowment is absolutely safe in Round 1. This possibly reduces the intrinsic motivation to donate from one's initial endowment and makes a donation seem pricier in subsequent rounds. Hence, I expect that the propensity and size of donations in Round 2 and 3 decrease more strongly in the CT than in the UCT.

Hypothesis 2 (H2): *In Round 2 and 3, donations are (a) less likely and (b) smaller in size in the CT as compared to the UCT.*

6. Results

In total, 95% of all participants committed to donate an amount larger than 0€ to charity, which was on average 5.85€. Hence, the participants' behavior strongly deviates from game-theoretic predictions. The remaining parts of this section present the results with regard to the hypotheses that were derived in Section 5. First, the treatment effect will be analyzed for Round 1. As students were randomly assigned to the treatments, a difference in outcomes between CT and UCT in Round 1 can be regarded as the immediate treatment effect. Second, it will be tested how the difference over the rounds (the trend) develops for the CT as compared to the UCT once no lottery takes place anymore and participants donate from their initial endowment.

6.1 Effects in Round 1

It was hypothesized in H1 that the propensity and the size of donations in Round 1 would be higher in the CT than in the UCT. Figure 1 illustrates the propensity to donate in Round 1 by treatment. The figure shows that the propensity is extremely high in the CT (98%) and

surprisingly even higher in the UCT (100%). According to the Mann-Whitney test, this difference is however not statistically significant as the p-value of 0.31 exceeds the conventional 5%-significance level.

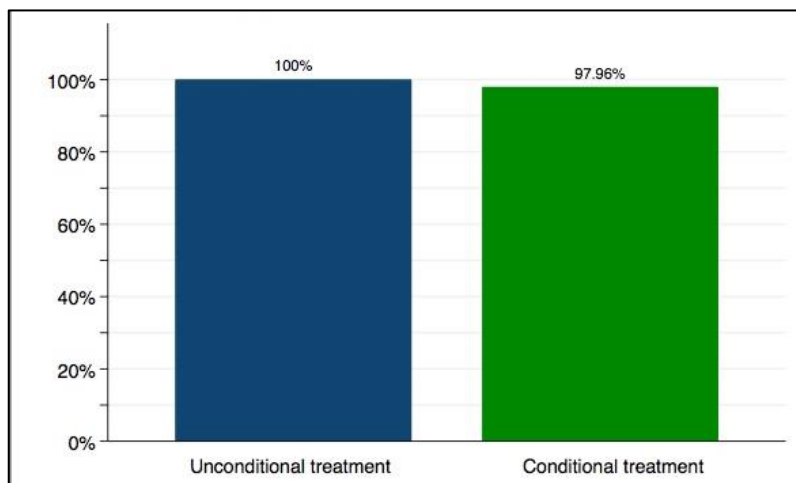Figure 1: Propensity to donate in Round 1 by treatment

Figure 2 shows the average donation levels by treatment for Round 1 in Euros. Similar to the pattern of the propensity to donate, the average donation level of the CT (6.78€) is slightly below that of the UCT (6.93€). However, this difference is not statistically significant as the p-value obtained in the Mann-Whitney test is 0.93. Hence, the CT does not affect giving behavior differently than the UCT and the first hypothesis cannot be confirmed.

Result 1: *In Round 1, donations are neither more likely nor larger in size in the CT as compared to the UCT.*

Figure 2: Average donation levels by treatment in Round 1
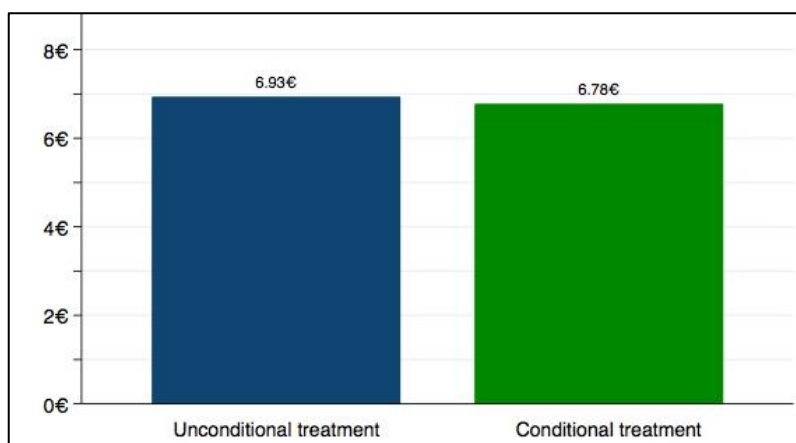
6.2 Effects Over All Three Rounds

Even though the effect of the CT on giving behavior does not seem to deviate from that of the UCT in Round 1, it remains interesting to study changes in donations once the initial incentive is removed. The long-run effect might still differ for the treatments despite the absence of a visible treatment effect in Round 1.

6.2.1 Propensity to Donate

It was hypothesized in H2(a) that the propensity to donate would drop more sharply in the CT than in the UCT in Rounds 2 and 3. Figure 3 presents the propensity by treatment for each round. Table 1 additionally shows the percentage-points (ppt) differences over the rounds for each treatment separately[7] as well as the p-values that were derived from the Mann-Whitney test. Figure 3 shows a negative linear trend of the propensity to donate for the UCT (-4ppt per round). The CT in contrast sees a sharp drop of around 8ppt in the short run (between Round 1 and 2) and after that a slight increase of 2ppt in the long run (between Round 2 and 3). Hence, when simply looking at Figure 3 it seems that the CT reduces the propensity to donate in the short but not in the long run. The Mann-Whitney test was run to see if the trends of the CT and the UCT significantly differ from each other (Table 1). As p-values exceed the conventional 5%-level, there is no significant difference in trends between treatments – neither in the short nor in the long run. Only the p-value between Round 2 and 3 (0.018) suggests significantly different trends, which is however not surprising as the trends then go in opposite directions. Evidence from the Mann-Whitney test is in line with the absence of any statistically significant effects found when running ordinary least squares (OLS) regressions that are shown in Appendix A. Hence, the first part of H2 cannot be confirmed.

Result 2a: In Round 2 and 3, donations are not less likely in the CT as compared to the UCT.

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[7] Differences were calculated subtracting the earlier from the later round (e.g. Round 1 from Round 2).

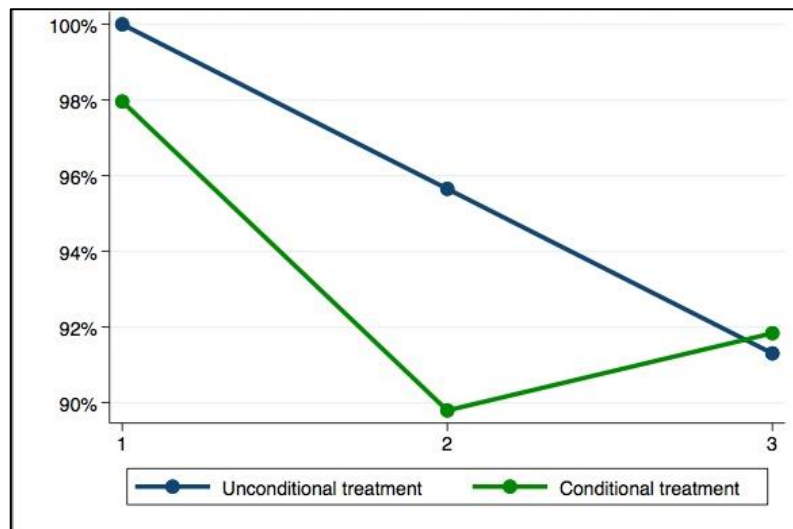Figure 3: Propensity to donate over the rounds by treatment

Table 1: Trends in the propensity to donate by treatment

	Round 2 - Round 1	Round 3 - Round 2	Round 3 - Round 1
Conditional treatment (CT)	-8.17ppt	+2.04ppt	-6.13ppt
Unconditional treatment (UCT)	-4.35ppt	-4.35ppt	-8.7ppt
Difference CT - UCT	-3.82ppt	+6.39ppt	+2.57ppt
p-value from Mann-Whitney test	0.187	0.018	0.407

6.2.2 Average Donation Level

H2(b) further suggested that the average donation level would drop more sharply in the CT than in the UCT in Rounds 2 and 3. Figure 4 shows average donations for each round by treatment. The figure is complemented with Table 2 that presents the trends in donations (€) over the rounds by treatment and the p-values derived from the Mann-Whitney test. The graph in Figure 4 again shows a negative trend in average donations for the UCT that is rather constant over the rounds (-0.67€ between Round 1 and 2; -0.85€ between Round

2 and 3). The trend of the CT is also negative. However, the drop between the first two rounds is a lot stronger (-1.69€) than in the UCT and is followed by a rather mild decrease between Round 2 and 3 (-0.49€). For the first two rounds, the p-value (0.075) indicates that the trends between treatments differ at a marginal significance-level of 10% (Table 2). Hence, the short-term effect of the CT seems to be more negative than that of the UCT. The long-run differences in trends are statistically not significant.

Figure 4: Average donation levels over the rounds by treatment
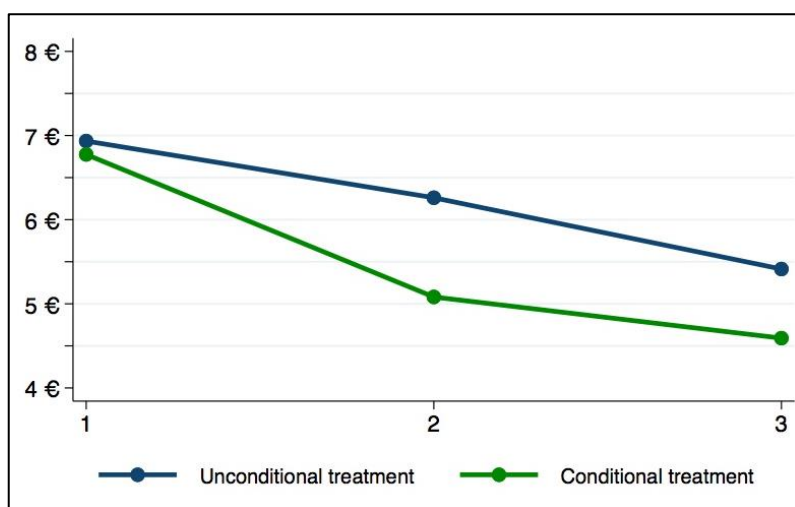
Table 2: Trends in average donation levels by treatment

	Round 2 - Round 1	Round 3 - Round 2	Round 3 - Round 1
Conditional treatment (CT)	-1.69€	-0.49€	-2.18€
Unconditional treatment (UCT)	-0.67€	-0.85€	-1.52€
Difference CT - UCT	-1.02€	+0.36€	-0.66€
p-value from Mann-Whitney test	0.075	0.75	0.1146

OLS regressions were additionally run to complement the evidence obtained by the Mann-Whitney test. The results are shown in Table 3 and they support the previous findings. The relevant coefficient in Column (2) indicates that being in the CT leads to a

reduction in donations from Round 1 to Round 2 that is on average -0.95€ larger than in the UCT. This effect is statistically significant (5%-level) and robust to in- and excluding control variables. The outcome variable is furthermore positively correlated with the trend in expectations and risk aversion and negatively correlated with between being female (Column (2) of Table 3). The coefficient in Column (4) that indicates long-run effects of the CT on trends in donations, is still negative but smaller than the one in Column (2) and statistically not significant. Again, trends in expectations are correlated with the outcome variable. Overall, the second part of H2 can partly be confirmed as the CT seems to have a stronger negative effect on donations than the UCT in the short but not in the long run.

Result 2b: *Donations are smaller in size in the CT than in the UC in the short but not in the long run.*

Table 3: Effect of the CT on trends in donation levels for the respective rounds[8]

	(1) Round 2 - Round 1	(2) Round 2 - Round 1	(3) Round 3 - Round 1	(4) Round 3 - Round 1
Conditional treatment	-1.020*	-0.952**	-0.662	-0.328
	(0.544)	(0.422)	(0.603)	(0.475)
Age		-0.148		-0.228
		(0.149)		(0.166)
Female		-0.826*		-0.922
		(0.484)		(0.572)
Risk aversion (1-6)		0.495**		0.315
		(0.239)		(0.254)
Won the lottery		0.540		0.651
		(0.443)		(0.466)
Difference in expectations Round 1 & 3				0.659***
				(0.107)
Knows Ärzte der Welt e.V.				0.980
				(0.671)
Difference in expectations Round 1 & 2		0.625***		
		(0.111)		
Constant	-0.674	1.650	-1.522***	2.939
	(0.437)	(3.619)	(0.493)	(4.016)
Observations	95	94	95	91
R-squared	0.037	0.389	0.013	0.422
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1				

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[8] Results were robust to including additional control variables.

7.   Discussion and Conclusion

The present paper adds to the growing body of literature on potential negative effects of temporary incentives. Results indicate that committing to donate money conditional as compared to unconditional on winning money in a lottery has no *immediate* effect on giving behavior. However, in the following decision period without any lottery, the trend in donations drops more strongly in the CT than in the UCT. This difference slightly recovers in the long run. The finding that a temporary incentive negatively affects human behavior in the long run is in line with several empirical studies (Bénabou & Tirole 2003; Gneezy et al. 2011; Meier 2007). As no effect of the CT was found in Round 1 and a negative effect for Round 2, this cannot simply be explained by a change in the perceived price of donations. Instead, a possible explanation is that participants in the CT were not able to use an objective risk (like the risk of losing part of the initial endowment in the UCT) to justify giving less or nothing and hereby felt obligated to donate. This would then have reduced their intrinsic motivation to donate (e.g. Frey 1997). Hence, the conditional commitment did not encourage participants to donate more than those in the UCT in Round 1. This effect persisted in Round 2 when participants in the CT were even less encouraged to give once they had to share their initial endowment and still remembered the feeling of obligation to give.

Several limitations concerning the results need to be mentioned. First, participants did not use their own money in the experiment and only few participants received their payoffs. Effects might be stronger or even different, if participants allocate their very own money. Additionally, the experiment only consisted of three rounds with small time intervals. More periods of investigation with larger time intervals might be needed to analyze long-term effects. Hence, future research could repeat a similar experiment in the field over a longer period of time to see whether the findings from this study can be confirmed in a more realistic setting.

Overall, the findings of this study show that asking employees to commit to donate in case they receive a bonus can reduce donations in the long run. This contradicts with the reasoning of Kellner et al. (2019) and suggests that a conditional commitment might not be a good incentive to enhance donations.

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Appendix

A. Effect of the CT on trends in the propensity to donate for the respective rounds

	(1) Round 2 – Round 1	(2) Round 2 – Round 1	(3) Round 3 – Round 1	(4) Round 3 – Round 1
Conditional treatment	0.0394 (0.0541)	0.0552 (0.0642)	-0.0258 (0.0547)	-0.0227 (0.0593)
Age		-0.0177 (0.0246)		0.0119 (0.0135)
Female		0.0341 (0.0632)		0.00552 (0.0494)
Risk aversion (1-6)		-0.00479 (0.0214)		0.0160 (0.0208)
Won the lottery		-0.0594 (0.0515)		-0.0763 (0.0583)
Knows Ärzte der Welt e.V.				-0.0175 (0.0816)
Observations	95	94	95	93
	Standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1			

B. Instructions

General instructions

Herzlich Willkommen! Sie nehmen an einem Experiment teil, das aus drei voneinander unabhängigen Runden besteht. In jeder Runde werden Sie gebeten, einen Geldbetrag zwischen sich selbst und einer Hilfsorganisation aufzuteilen. Bitte beachten Sie hierbei, dass Sie bei der Aufteilung nur ganze Euro-Beträge (d.h. keine Cents) eingeben können.

Am Ende der drei Runden werden *fünf* Teilnehmende aus diesem Hörsaal, die *Gewinner(innen)*, zufällig ausgelost und es wird für sie *eine* Runde zufällig ausgewählt. Für diese Runde bekommen die fünf Gewinner(innen) den Geldbetrag jeweils so ausgezahlt, wie sie ihn aufgeteilt hatten. Dementsprechend wird auch die Spende dieser Runde an die jeweilige Hilfsorganisation gespendet.

Die Auszahlung erfolgt im Anschluss an das Experiment vor dem Hörsaal durch eine Person, die weder das Experiment noch die Entstehung der Geldbeträge kennt. Die Bescheinigung der Spende an die entsprechende Hilfsorganisation können Sie ca. eine Woche nach Durchführung des Experiments auf StudIP im Kurs „Management und Unternehmensführung" finden.

Der genaue Ablauf jeder Runde wird Ihnen auf den nachfolgenden Bildschirmen erklärt. Wenn Sie diese Ausführungen verstanden haben, klicken Sie bitte auf "Weiter zu Runde 1" und warten Sie dann, bis die Dozentin die erste Runde startet.

Weiter zu Runde 1

Round 1 – Instructions (Unconditional Treatment)

In dieser Runde erhalten Sie **10 €**. Außerdem nehmen Sie an einer Lotterie teil, bei der Sie mit einer Wahrscheinlichkeit von 50% weitere **10 €** dazugewinnen können.

Unabhängig davon, ob Sie in der Lotterie gewinnen oder nicht, können Sie insgesamt **10 €** zwischen sich selbst und Ärzte ohne Grenzen e.V. aufteilen. Wie viel Geld möchten Sie an Ärzte ohne Grenzen e.V. abgeben?

MEDECINS SANS FRONTIERES
ÄRZTE OHNE GRENZEN e.V.

| | € |

Eingabe abschicken

*Round 1 – Instructions
(Conditional Treatment)*

In dieser Runde erhalten Sie **10 €**. Außerdem nehmen Sie an einer Lotterie teil, bei der Sie mit einer Wahrscheinlichkeit von 50% weitere **10 €** dazugewinnen können.

Falls Sie in der Lotterie gewinnen, können Sie die gewonnenen **10 €** zwischen sich selbst und Ärzte ohne Grenzen e.V. aufteilen. Wie viel Geld möchten Sie im Falle eines Lotteriegewinns an Ärzte ohne Grenzen e.V. abgeben?

	€

Eingabe abschicken

*Round 1 – Beliefs
(both treatments)*

Was schätzen Sie, wie viel die anderen Teilnehmer im Hörsaal in dieser Runde *durchschnittlich* an Ärzte ohne Grenzen e.V. spenden möchten?

Bitte geben Sie Ihre Schätzung auf einen ganzen Euro-Betrag gerundet an. Falls Sie mit Ihrer Schätzung richtig liegen, erhalten Sie für diese Runde zusätzlich **1 €**. Darüber werden Sie jedoch erst am Ende der drei Runden informiert.

Bitte schicken Sie Ihre Eingabe ab und warten Sie dann, bis die Dozentin die Lotterie der ersten Runde auslost.

	€

Eingabe abschicken

Round 1 – Exemplary payoff-screen (Unconditional treatment)

> Sie haben bei der Lotterie nicht gewonnen. Daher erhalten Sie diese Runde insgesamt **7 €** und spenden **3 €** an Ärzte ohne Grenzen e.V.
>
> Bitte klicken Sie auf "Weiter zu Runde 2" und warten Sie dann, bis die Dozentin die zweite Runde startet.
>
> Weiter zu Runde 2

Round 1 – Exemplary payoff-screen (Conditional treatment)

> Sie haben bei der Lotterie zusätzliche 10 € gewonnen. Daher erhalten Sie diese Runde insgesamt **13 €** und spenden **7 €** an Ärzte ohne Grenzen e.V.
>
> Bitte klicken Sie auf "Weiter zu Runde 2" und warten Sie dann, bis die Dozentin die zweite Runde startet.
>
> Weiter zu Runde 2

In Round 2 and 3, the screens are the same for both treatments.

Round 2 - Instructions

> In dieser Runde stehen Ihnen **10 €** zur Verfügung und es findet diesmal *keine* Lotterie statt.
>
> Sie können die **10 €** zwischen sich selbst und Ärzte ohne Grenzen e.V. aufteilen. Wie viel Geld möchten Sie davon an Ärzte ohne Grenzen e.V. abgeben?
>
>
>
> MEDECINS SANS FRONTIERES
> ÄRZTE OHNE GRENZEN e.V.
>
> €
>
> Eingabe abschicken

Round 2 – Beliefs

Was schätzen Sie, wie viel die anderen Teilnehmer im Hörsaal in dieser Runde *durchschnittlich* an Ärzte ohne Grenzen e.V. spenden möchten?

Bitte geben Sie Ihre Schätzung auf einen ganzen Euro-Betrag gerundet an. Falls Sie mit Ihrer Schätzung richtig liegen, erhalten Sie für diese Runde zusätzlich **1 €**. Darüber werden Sie jedoch erst am Ende der drei Runden informiert.

| | € |

Eingabe abschicken

Round 2 – Exemplary payoff-screen

Sie erhalten diese Runde insgesamt **8 €** und spenden **2 €** an Ärzte ohne Grenzen e.V.

Bitte klicken Sie auf "Weiter zu Runde 3" und warten Sie dann, bis die Dozentin die dritte Runde startet.

Weiter zu Runde 3

Round 3 - Instructions

In dieser Runde stehen Ihnen **10 €** zur Verfügung und es findet diesmal *keine* Lotterie statt.

Sie können diese **10 €** zwischen sich selbst und Ärzte der Welt e.V. aufteilen. Wie viel Geld möchten Sie davon an Ärzte der Welt e.V. abgeben?

| | € |

Eingabe abschicken

Round 3 – Beliefs

Was schätzen Sie, wie viel die anderen Teilnehmer im Hörsaal in dieser Runde *durchschnittlich* an Ärzte der Welt e.V. spenden möchten?

Bitte geben Sie Ihre Schätzung auf einen ganzen Euro-Betrag gerundet an. Falls Sie mit Ihrer Schätzung richtig liegen, erhalten Sie für diese Runde zusätzlich **1 €**. Darüber werden Sie jedoch erst am Ende der drei Runden informiert.

Klicken Sie auf "Eingabe abschicken" und warten Sie dann, bis die Dozentin den nächsten Schritt freigibt.

	€

Eingabe abschicken

Round 3 – Exemplary payoff-screen

Sie erhalten diese Runde **7 €** und spenden **3 €** an Ärzte der Welt e.V.

Im Folgenden sehen sie, ob Sie sich aufgrund Ihrer Schätzungen pro Runde zusätzlich 1 € verdienen konnten:

Runde 1: **1 €**

Runde 2: **0 €**

Runde 3: **1 €**

Bevor die Gewinner(innen) ausgelost werden, beantworten Sie bitte noch ein paar Fragen.

Weiter zu den Fragen

Final screen after questionnaire

10 €

86136caFMne

Herzlichen Glückwunsch, Sie wurden zur Auszahlung ausgelost und Runde 2 wurde zufällig ausgewählt. Sie erhalten daher 7 € und spenden 3 € an Ärzte ohne Grenzen e.V.

Bitte erstellen Sie einen Screenshot dieses Bildschirms. Gehen Sie damit zu der Person vor dem Hörsaal die für die Auszahlung zuständig ist und zeigen Sie ihr den Screenshot vor.

Das Experiment ist beendet. Vielen Dank für Ihre Teilnahme!

Verantwortlich für die Auszahlung ist der Dozierende im Rahmen abgegebener Zusagen, vorbehaltlich einer technischen Prüfung auf Korrektheit der Gewinncodes.

C. Questionnaire

Wie alt sind Sie?

Bitte wählen Sie Ihr Geschlecht aus:

- ○ Weiblich
- ○ Männlich
- ○ Divers

Eingabe abschicken

Was studieren Sie?

- ○ European Studies
- ○ Informatik
- ○ Lehramt (Gymnasium)
- ○ Lehramt (Realschule)
- ○ Medien und Kommunikation
- ○ Staatswissenschaften
- ○ Anderer Studiengang:
  (bitte im unterstehenden Textfeld angeben)

Verbleibende Zeichen 50

In welchem Fachsemester studieren Sie?

Eingabe abschicken

Haben Sie schon einmal Geld an eine Hilfsorganisation gespendet?

○ Ja

○ Nein

Wie schätzen Sie sich selbst ein: Sind Sie eher eine Person, die stets gerne Risiken in Kauf nimmt (*risikofreudig*) oder versuchen Sie, Risiken mit allen Mitteln zu vermeiden (*risikoscheu*)?

Risikofreudig   Risikoscheu

○ ○ ○ ○ ○ ○

Eingaben abschicken

Kennen Sie die Hilfsorganisation Ärzte ohne Grenzen e.V.?

○ Ja

○ Nein

Kennen Sie die Hilfsorganisation Ärzte der Welt e.V.?

○ Ja

○ Nein

Eingaben abschicken

Vielen Dank für die Beantwortung der Fragen! Wenn alle Teilnehmenden die Fragen beantwortet haben, lost die Dozentin über ClassEx die Gewinner(innen) aus.

Weiter zur Gewinn-Auslosung