



## Thank you for your interest in workplace giving!

Questions? Email [Christine@SweatHelp.org](mailto:Christine@SweatHelp.org)

The International Hyperhidrosis Society (IHHS) is the only registered charity focused entirely on hyperhidrosis (Hh), or excessive sweating—affecting nearly 9% of people aged 18-39 years, with significant impacts on quality of life. Your donation helps ensure that we can continue to advocate for Hh diagnosis, treatment and research; inform and support sufferers and loved ones; train and educate clinicians; and increase general awareness and empathy.

**96% of every donation goes to programs that inform, empower and serve the Hh community.**

### Individual Donor:

- Complete Part 1 of this form – one for each gift.
- Send the form with your contribution to the recipient organization.

### Recipient Organization:

- Verify receipt of gift.
- Complete Part 2 of this form. Return form to the individual donor’s employer address below.

### PART 1 – INDIVIDUAL DONOR

Employee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date of Gift \_\_\_\_\_ Amount of Gift \$ \_\_\_\_\_  
 Type of Gift (check one)       Cash       Check       Credit Card  
 Amount to be Matched by Employer \$ \_\_\_\_\_  
 Recipient Organization International Hyperhidrosis Society  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART 2 – RECIPIENT ORGANIZATION

Recipient Organization International Hyperhidrosis Society  
 Mailing Address 348 Cafferty Road, Pipersville, PA 18947  
 Email [Christine@SweatHelp.org](mailto:Christine@SweatHelp.org)  
 Federal Employer Identification Number \_\_\_\_\_  
 Amount Received \$ \_\_\_\_\_ Date Received \_\_\_\_\_  
 Tax Deductible Gift Amount \$ \_\_\_\_\_

*I hereby certify: 1) receipt of the gift described in Part 1 and 2) that the International Hyperhidrosis Society is recognized by the Internal Revenue Service under Section 501(c)(3) of the IRS Code.*

Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Representative Name and Title \_\_\_\_\_

**Recipient Organization (IHHS) shall return completed form and its 501(c)(3) letter to donor’s employer at:**

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Or by email: \_\_\_\_\_