NOTICE OF CONTRIBUTION TO PHAPCARES

(NOTE: PLEASE SEND BY FAX OR E-MAIL)

TO: PHAPCARES FOUNDATION, INC.

FROM: COMPANY: Astrazenica

CC : DISTRIBUTOR: Zuellig Pharma

DATE : December, 06 2022

We wish to inform you that the following medicines are available for donation to PHAPCares Foundation, Inc.:

Brand Name	Generic Name	Strength	Dosage Form	Package Size	Qty.	Lot/Batch No.	Expiry Date	Drug Reg. No.	Trade Price *	Total	Status of Medicines (Location and Schedule of Pick- up from Principal)
King	asd	qwewq	qwewqe	qwewqe	32111	asdasd	11/30/2022	asdasd	12.3	394965.3	sad
			2								
			0								

Total P/ 394,965.30

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FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Aldar	na / +639178954475 / 10/20/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Day	rila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022				
	you that these medicines should not be dispe gnature below the dotted line to acknowledge								
Thank you.									
Juan Dela Cruz Printed Name	& Signature	Tel. Nos.: 09175896241	E-Mai	l: test@gmail.com					
Administrator Designa	ation	Fax No.:							
(This portion to be accomplished by PHAPCares Foundation)									
X YES, we accep	ot the foregoing donations. We will call you for	further instructions.							
NO, we regre	t we are unable to accept the foregoing donati	ons for the following reasons:	_	November, 08 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE				

^{*} VALUATION OF DONATED PRODUCTS