



*The PHAPCares Foundation is the corporate social development arm of the Pharmaceutical and Healthcare Association of the Philippines. It is a Donee institution as certified by the Philippine Council for NGO Certification and registered as an Auxiliary Social Welfare Development Agency by the Department of Social Welfare and Development*  
*Member: Alliance for Healthy Cities*  
*League of Corporate Foundations*

## DONATION TERMS & AGREEMENT

**PHAPCARES FOUNDATION, INC.**, a corporation duly organized and existing under and by the laws of the Republic of the Philippines, with a principal place of business at Unit 502, 5F One Corporate Plaza Building, 845 A. Arnaiz Avenue, Makati City, represented herein by its Executive Director, MARIA ROSARITA QUIJANO-SIASOCO, MD (hereinafter referred to as "PHAPCares");

– and –

**PARISH OF ST. MICHAEL, THE ARCHANGEL**, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal address at Bacoor Catholic Church, Bacoor, Cavite, represented herein by its President, 2022 Bacoor City Fiesta – Executive Committee, MS. KATHERINE G. ENRIQUEZ (hereinafter referred to as "Recipient").

PHAPCares and the Recipient shall be individually referred to herein as "**Party**" and collectively as "**Parties.**"

The Recipient is grateful for PHAPCares' donation of the following items listed in Annex 1.

The Recipient agrees to abide by the following terms of donation as set forth by PHAPCares:

1. The above-listed medicines are ethical drugs that need a prescription from a physician before dispensing.
2. The donated medical supplies are **not for sale** to the public. These should be dispensed **free of charge to indigent patients.**
3. The Recipient shall be responsible for the proper utilization of these medical supplies before their expiry date. Likewise, the Recipient shall be responsible for the safe disposal of expired medical supplies.
4. The Recipient shall submit a **post-event report** including **photos and a list of beneficiaries** as required by PHAPCares for monitoring and audit purposes.
5. The Recipient will accept the medicines despite their short expiration dates.

Therefore, the Recipient accepts the above-mentioned medicines. Further, the undersigned will be authorized personnel of the Recipient to receive the said donations on behalf of the Recipient.

Thank you very much.

### CONFORME:

_____ Signature over Printed Name	_____ Date
_____ Designation	_____ Email Address
_____ Organization	_____ Mobile No.

## ALLOCATION

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