NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO: PHAPCARES FOUNDATION, INC.

FROM : COMPANY: GSK

CC : DISTRIBUTOR: Zuellig Pharma

DATE: December, 31 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)
Derek Mayer	Tiger Sweeney	Soluta esse recusan	Voluptate et re	p Deilote a quo paria	tu234	Adipisci quo quia	012/31/2022	DR-1182	10	2340	Laboris quia ut amet
			2 2							,	

Total P/ 2,340.00

NOTICE OF CONTRIBUTION TO PHAPCARES

FOR PICK UP	Esse aut dolore et / Minim dolorem aut no / Non eligendi quia ut / 01/13/2	2005 FOR DELI	IVERY I	Est aperiam velit i / Vel quis p	aceat co / Quia est tenetur nis / 12/29/1991
	d you that these medicines should not be dispensed to the patients af signature below the dotted line to acknowledge receipt of the aforemen				
Thank you.					
Juan Dela Cruz Printed Name	* Signature Tel. Nos.: 0917589	96241	E-Mail:	test@gmail.com	_
Administrator Design	Fax No.:				
	(THIS PORTION TO BE	ACCOMPLISHED BY PHA	APC ARES	FOUNDATION)	
X YES, we acce	pt the foregoing donations. We will call you for further instructions.				
☐ NO, we regre	et we are unable to accept the foregoing donations for the following r	easons:		December, 21 2022	Juan Dela Cruz
				Date	Printed Name & Signature PHAPCARES REPRESENTATIVE

^{*} VALUATION OF DONATED PRODUCTS