



DONATION TERMS & AGREEMENT

To : PHAPCares FOUNDATION, Inc.

We are grateful for your donation of:

(Please see page 2)

We hereby agree to abide by the following terms of donation as set forth by *PHAPCares Foundation, Inc.*:

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

Therefore, we, the recipient institution, accept the above mentioned medicines. Further, the undersigned authorizes Mr./Ms. _____ of _____ Department to receive the said donations on behalf of our institution.

Thank you very much.

CONFORME:

Signature: _____
Printed Name: Juan Dela Cruz
Designation: None
Organization: 1
1201 Bliss 1 Bldg 1 Davila St.

Date: _____
Tel No. 09386123123 Fax No. _____
Email: _____



DONATION TERMS & AGREEMENT

Astrazenica

FACE SHIELD 2

2022-10-31 00:00:00

PHP 625

Astrazenica

FACE SHIELD

2023-06-28 00:00:00

PHP 10000

To : PHAPCares FOUNDATION, Inc.

We are grateful for your donation of:

(Please see page 2)

We hereby agree to abide by the following terms of donation as set forth by *PHAPCares Foundation, Inc.*:

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

Therefore, we, the recipient institution, accept the above mentioned medicines. Further, the undersigned authorizes Mr./Ms. _____ of _____ Department to receive the said donations on behalf of our institution.

Thank you very much.

CONFORME:

Signature: _____

Printed Name: _____

Designation: _____

Organization: _____

Date: _____

Tel No. _____ Fax No. _____

Email: _____