

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Sanofi
CC : DISTRIBUTOR: ZPI MDI
DATE : January, 24 2024

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)
Monetary					1				33	33	

Total P/ 33.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP Eaque minima eius ne / Ea quam voluptates e / Ut eum aperiam sed c / 03/27/1973	FOR DELIVERY Officia ex vitae nem / Dolor et cumque omni / Eligendi vel rerum e / 11/13/1999
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We wish to remind you that these medicines should not be dispensed to the patients after their expiry dates.
Kindly affix your signature below the dotted line to acknowledge receipt of the aforementioned donations in kind.

Thank you.

Juan Dela Cruz
Printed Name & Signature

Tel. Nos.: 09175896241

E-Mail: test@gmail.com

Administrator
Designation

Fax No.:

(THIS PORTION TO BE ACCOMPLISHED BY PHAPCARES FOUNDATION)

☒ YES, we accept the foregoing donations. We will call you for further instructions.

☐ NO, we regret we are unable to accept the foregoing donations for the following reasons:

January, 11 2024
Date

Juan Dela Cruz
Printed Name & Signature
PHAPCARES REPRESENTATIVE