## **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: November, 30 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)
Testssx	asdasd	as	sacxasdwqewa	sadsdasd	50	XXS112HG	11/30/2022	DR-1325	10	500	sad
									1		

**Total** P/ 500.00

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FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022	FOR DELIVERY 1201 Bliss 1 Bldg 1 Davila	a St. / Juan Alexis Aldana / +639178954475 / 10/20/2022							
	d you that these medicines should not be dispensed to the patients after their e signature below the dotted line to acknowledge receipt of the aforementioned do									
Thank you.										
Juan Dela Cruz Printed Name	* & Signature Tel. Nos.: 09175896241	E-Mail: test@gmail.com								
Administrator Design	eation Fax No.:									
(This portion to be accomplished by PHAPCares 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 reasons:	<u>November, 17 2022</u> <b>Date</b>	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE							

<sup>\*</sup> VALUATION OF DONATED PRODUCTS