

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Astrazenica
CC : DISTRIBUTOR: Zuellig Pharma
DATE : November, 29 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)
Shaine Baird	asdasd	dsad	sacxasdwqewas	sa ut odio fugit	100	XXS112HG	02/27/2023	DR-6304	10	1000	ssdsa

Total P/ 1,000.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP	Enim labore qui plac / Ex exercitationem do / Ullam sit deserunt / 11/18/1991	FOR DELIVERY	Rem nostrum exceptur / Ea sit iusto qui vel / Reprehenderit est a / 01/29/1981
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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.

Admin Clinics
Printed Name & Signature

Tel. Nos.: 099999999

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:

February, 14 2023
Date

Admin Clinics
Printed Name & Signature
PHAPCARES REPRESENTATIVE