## **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, 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)
Capsules	Capsules	asd	sacxasdwqewa	sadsdasd	10000	XXS112HG	11/30/2022	DR-8194	60	600000	asdsad
			y								

**Total** P/ 600,000.00

## NOTICE OF CONTRIBUTION TO PHAPCARES

FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Aldar	na / +639178954475 / 10/20/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Day	rila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022				
	you that these medicines should not be dispe gnature below the dotted line to acknowledge								
Thank you.									
Juan Dela Cruz Printed Name	& Signature	Tel. Nos.: 09175896241	E-Mai	l: test@gmail.com					
Administrator Designa	ation	Fax No.:							
(This portion to be accomplished by PHAPCares Foundation)									
X YES, we accept	ot the foregoing donations. We will call you for	further instructions.							
□ NO, we regre	t we are unable to accept the foregoing donati	ons for the following reasons:	_	November, 16 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE				

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