## **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 : October, 20 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	Paracetamol	dsad	sacxasdwqewa	santsd	5000	VVCX	02/28/2023	DR-3298	2	10000	sad
India French	Barbara Davidson	Quisquam id aut omn	Accusantium v	e EE sood casperiores	au21713	Et dolore id modi r	e 02/22/2023	DR-1930	1	273	Sint ut ipsum in per
Davis Workman	Silas Luna	Id cum aut id saepe	Consectetur et	a Ett consequatur	u <b>1</b> 9	Facere commodo	m <b>@%i@</b> 8/2023	DR-5810	1	19	Reprehenderit deser
hello					50	XXS112HG	02/28/2023	DR-515	1	50	

**Total** P/ 10,342.00

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FOR PICK UP	Aliquid explicabo Q / Ut eur	n perspiciatis / Qui rerum consectetu / 03/07/1993	FOR DELIVERY	Accusamus ex aut com	/ Et ullamco qui vel e / Consequuntur dolorum / 08/25/2012				
		should not be dispensed to the patients after their exine to acknowledge receipt of the aforementioned dor							
*	•	,							
Thank you.									
Admin Clinics Printed Name	& Signature	Tel. Nos.: 09999999	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	et we are unable to accept	the foregoing donations for the following reasons:	_	February, 15 2023 Date	Admin Clinics Printed Name & Signature PHAPCARES REPRESENTATIVE				

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