

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.  
FROM : COMPANY: Sanofi  
CC : DISTRIBUTOR: Et repellendus Mole  
DATE : July, 23 1981

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)
Sonia Stanley	Britanni Blanchard	Voluptates nostrum a	Consequat Porro	Fugiat laboriosan	24	Voluptas autem est			90	2160	Pariatur Hic quae v
Monetary					1				233	233	
Eaton Byers	Ulysses Rodriquez	Magnum et fuga Plac	Pariatur Ut quib	Qui velit maiores	67	Fugit ex ad rem des			7	4739	Qui eaque eos ex vo

Total P/ 7,132.00

\* VALUATION OF DONATED PRODUCTS

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FOR PICK UP    Laboris ut Nam dolor / Voluptates accusamus / Labore ut suscipit f / 04/26/1985	FOR DELIVERY    Dolore voluptates ve / Aut anim aut sed iru / Sequi excepturi dolo / 02/23/1982
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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, 08 2024  
Date

Juan Dela Cruz  
Printed Name & Signature  
**PHAPCARES REPRESENTATIVE**