NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO: PHAPCARES FOUNDATION, INC.

FROM: COMPANY: MDI Pharma
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		Lot/Batch No.	Expiry Date	Drug Reg. No.	Trade Price *	Total	Status of Medicines (Location and Schedule of Pick- up from Principal)
Pencil					50000	BX0011	11/30/2022		10.6	530000	
			2 2								
			-								
			3								

Total P/ 530,000.00

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FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan A	exis Aldana / +639178954475 / 10/20/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Davila	a St. / Juan Alexis Aldana / +639178954475 / 10/20/2022
		be dispensed to the patients after their exposuledge receipt of the aforementioned dona			
Thank you.					
Juan Dela Cruz Printed Name	& Signature	Tel. Nos.: 09175896241	E-Ma [;]	il: _test@gmail.com	
Administrator Design.	ation	Fax No.:			
		(THIS PORTION TO BE ACCOMPLIS	HED BY PHAPCAR	ES FOUNDATION)	
X YES, we accept	ot the foregoing donations. We will c	all you for further instructions.			
□ NO, we regre	et we are unable to accept the forego	ng donations for the following reasons:	_	November, 10 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE

^{*} VALUATION OF DONATED PRODUCTS