## 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** : 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)
Solmux	Forte	asd	xsad	asdasd	50600	BX221	11/30/2022	DR-5801	50	2530000	asd
			n .								
			,								

**Total** P/ 2,530,000.00

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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