

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Astrazenica
CC : DISTRIBUTOR: ZPC
DATE : December, 12 2023

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)
FACE SHIELD5	asd	we	asd	asd	321	asdqw	12/31/2023	asd	12	3852	qwd

Total P/ 3,852.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP	Dolorem placeat acc / Facere elit recusan / Excepteur magnam mai / 01/19/2004	FOR DELIVERY	Quis exercitation no / Iste cupiditate atqu / Iusto maxime tenetur / 05/01/1986
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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:

December, 12 2023

Date

Juan Dela Cruz

Printed Name & Signature
PHAPCARES REPRESENTATIVE