## **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: December, 31 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)
hello	asd	dsad	asd	asdasd	2	cvbf	12/31/2022	DR-4829	2	4	sad

**Total** P/ 4.00

## NOTICE OF CONTRIBUTION TO PHAPCARES

FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Alda	na / +639178954475 / 12/17/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Davil	a St. / Juan Alexis Aldana / +639178954475 / 12/20/2022
	d you that these medicines should not be disp ignature below the dotted line to acknowledge				
Thank you.					
Juan Dela Cruz Printed Name	& Signature	Tel. Nos.: 09175896241	E-Mai	l: test@gmail.com	
Administrator Design	ation	Fax No.:			
		(THIS PORTION TO BE ACCOMPLIS	HED BY PHAPCARI	ES FOUNDATION)	
X YES, we accept	ot the foregoing donations. We will call you fo	or further instructions.			
NO, we regre	et we are unable to accept the foregoing dona	tions for the following reasons:	_	December, 20 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE

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