

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.  
FROM : COMPANY: Sanofi  
CC : DISTRIBUTOR: ZPI MDI  
DATE : January, 19 2024

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)
Monetary					1				22	22	

Total P/ 22.00

\* VALUATION OF DONATED PRODUCTS

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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, 11 2024  
Date

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