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)
Amos Marks	Quintessa Stanton	Dolorum sunt volupt	Qui aute volup	abblore obcaeca	ti1 r00 000	Quam temporibus	a nli2 n/31/2022	DR-1243	20	200000	Et do laboriosam an
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Total P/ 200,000.00

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FOR PICK UP	Recusandae Architec / Aute architecto reic / Libero et nisi ipsum / 01/13/2022	FOR DELIVERY	RY Ab odio aliqua Reic / Sequi consectetur c / Fuga Vero fugiat la / 01/11/2000						
	nd you that these medicines should not be dispensed to the patients after their ex signature below the dotted line to acknowledge receipt of the aforementioned do								
Thank you.									
Juan Dela Cruz Printed Name	e & Signature Tel. Nos.: _09175896241	E-Ma	Mail: test@gmail.com						
Administrator Design	nation Fax No.:								
(This portion to be accomplished by PHAPCares Foundation)									
X YES, we acce	ept the foregoing donations. We will call you for further instructions.								
NO, we regre	ret we are unable to accept the foregoing donations for the following reasons:	_	December, 22 2022 Juan Dela Cruz Date Printed Name & Signature						
			PHAPCARES REPRESENTATIVE						

^{*} VALUATION OF DONATED PRODUCTS