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 : October, 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		Lot/Batch No.	Expiry Date	Drug Reg. No.	Trade Price *	Total	Status of Medicines (Location and Schedule of Pick- up from Principal)
Paracetamol	Paracetamol	asd	asasd	asdasd	311		10/31/2022	zxc	10.5	3265.5	asdsad
Test	Paracetamol	asd	asasd	asdasd	311	BX221	10/31/2022	zxc	10.5	3265.5	asdsad

Total P/ 6,531.00

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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 Dav	rila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022
	d you that these medicines should not be dispe 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.:			
	1	THIS PORTION TO BE ACCOMPLIS	HED BY PHAPC ARI	S FOUNDATION)	
X YES, we acce	ot the foregoing donations. We will call you for	further instructions.			
NO, we regre	t we are unable to accept the foregoing donat	ons for the following reasons:	_	October, 26 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE

^{*} VALUATION OF DONATED PRODUCTS