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)
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Total P/ 9,471.00

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FOR PICK UP	Et minus similique I / Omnis duis sunt et e / Quos irure qui offic / 06/29/1990	FOR DELIVERY	Hic architecto exerc / Dolorem ab dolorum s / Quo vitae rerum sint / 01/16/1977						
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	e & Signature Tel. Nos.: 09175896241	E-Ma	lail: test@gmail.com						
Administrator Design	Fax No.: nation								
(This portion to be accomplished by PHAPCares Foundation)									
X YES, we accept the foregoing donations. We will call you for further instructions.									
NO, we regr	ret we are unable to accept the foregoing donations for the following reasons:	_	December, 21 2022 Juan Dela Cruz Date Printed Name & Signature						
			PHAPCARES REPRESENTATIVE						

^{*} VALUATION OF DONATED PRODUCTS