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, 07 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	asdasd	dsad	sacxasdwqewa	sandsdasd	1	XXS112HG	12/31/2022	DR-8314	1	1	1
			y								

Total P/ 1.00

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FOR PICK UP Lorem / Lorem lpsum / 2323412 / 12/31/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Davila St. /	Juan Alexis Aldana / +639178954475 / 12/31/2022								
We wish to remind you that these medicines should not be dispensed to the patients after their expiry Kindly affix your signature below the dotted line to acknowledge receipt of the aforementioned donati											
Thank you.											
Juan Dela Cruz Printed Name & Signature Tel. Nos.: 09175896241	E-Mail	l: test@gmail.com	_								
Administrator Fax No.: Designation											
(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:	_	December, 20 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE								

^{*} VALUATION OF DONATED PRODUCTS