

**NOTICE OF CONTRIBUTION TO PHAPCARES**

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

**TO** : PHAPCARES FOUNDATION,INC.  
**FROM** : COMPANY: GSK  
**CC** : DISTRIBUTOR: \_\_\_\_\_  
**DATE** : November, 17 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)
Neozep Forte100	Chlorphenamine Maleate	15mg	15mg/day	30inch	10000	#53217	04/01/2022	DR-2851	10	100000	sss

**Total P/ 0.00**

\* VALUATION OF DONATED PRODUCTS

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FOR PICK UP    / / 01/01/1970

FOR DELIVERY    / / 01/01/1970

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

November, 17 2022

Date

Juan Dela Cruz

Printed Name & Signature  
**PHAPCARES REPRESENTATIVE**