

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Astrazenica
CC : DISTRIBUTOR: Assumenda neque et i
DATE : May, 11 2010

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)
FACE SHIELD5	asdasd	dsad	asasd	Ipsa ut odio fugit	20	XXS112HG	02/28/2023	DR-8327	1	20	zxc

Total P/ 20.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP	Quis deserunt eius n / Ut aut vero sunt cup / Odit exercitationem / 12/23/1970	FOR DELIVERY	Alias qui eaque veri / Sed eu nemo deserunt / Minus quidem praesen / 02/27/1971
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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.

Admin Clinics
Printed Name & Signature

Tel. Nos.: 099999999

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:

February, 14 2023
Date

Admin Clinics
Printed Name & Signature
PHAPCARES REPRESENTATIVE