

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Astrazenica
CC : DISTRIBUTOR: Accusantium qui aspe
DATE : June, 15 1972

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)
Jessica Higgins	Heather Levy	Qui qui minus cupidi	Nulla molestiae	Alisca Est est ne	589	Sint et nisi porro n	02/28/2023	DR-6981	1	589	Sint nesciunt volup

Total P/ 589.00

* VALUATION OF DONATED PRODUCTS

NOTICE OF CONTRIBUTION TO PHAPCARES

FOR PICK UP	Non sit consequat / Veritatis aut vero e / Ratione ut magna ali / 05/18/1983	FOR DELIVERY	Dolore tempora optio / Deleniti omnis volup / Do labore qui ex nis / 09/13/2021
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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, 16 2023

Date

Admin Clinics

Printed Name & Signature
PHAPCARES REPRESENTATIVE