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, 29 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	sadsd	5	XXS112HG	12/29/2022	DR-185	1	5	asdsad
										, s	

Total P/ 5.00

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FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St	. / Juan Alexis Aldana / +639178954475 / 12/31/2022	FOR DELIVERY	1201 Bliss 1 Bldg 1 Davil	a St. / Juan Alexis Aldana / +639178954475 / 12/31/2022
		should not be dispensed to the patients after their expleted to acknowledge receipt of the aforementioned don			
Thank you.					
Juan Dela Cruz Printed Name	& Signature	Tel. Nos.: _09175896241	E-Ma	il: test@gmail.com	
Administrator Design	ation	Fax No.:			
		(THIS PORTION TO BE ACCOMPLE	SHED BY PHAPCAR	ES FOUNDATION)	
X YES, we acce	pt the foregoing donations.	We will call you for further instructions.			
□ NO, we regre	et we are unable to accept th	ne foregoing donations for the following reasons:	_	December, 20 2022 Date	Juan Dela Cruz Printed Name & Signature PHAPCARES REPRESENTATIVE

^{*} VALUATION OF DONATED PRODUCTS