## **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, 27 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	Paracetamol	dsad	sacxasdwqewa	sadsdasd	223	XXS112HG	12/31/2022	DR-1273	12	2676	asdsad
			1 S								

**Total P**/ 2,676.00

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FOR PICK UP	1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Alda	na / +639178954475 / 02/24/2024	FOR DELIVERY	Lorem / Lorem Ipsum / 23	323412 / 10/10/2022				
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-Ma	ail: test@gmail.com					
Administrator Design	ation	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 regre	et we are unable to accept the foregoing dona	ions for the following reasons:	_	December, 20 2022	Juan Dela Cruz				
				Date	Printed Name & Signature PHAPCARES REPRESENTATIVE				

<sup>\*</sup> VALUATION OF DONATED PRODUCTS