Pink Health Foundation

3, Olo Street Omagba Phase II Onitsha, Anambra.
Email: pinkhealthfoundation@gmail.com

Date: 29/05/20.

STIPEND FORM

Name of Recipient: Pharm. Nelson Onebunne.

Purpose of Payment: For all pharmacist volunteers.

Amount: ₦ 64,000

Amount in words: Sixty four thousand naira.

Recipient's Signature and Date:

Prayers Signature and Date: