



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

Date: 29/05/20

STIPEND FORM

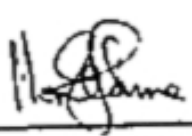
Name of Recipient: Mariam Nelson Onelinnu

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: