附件3

“小善举·大爱心” 第三批扶助基金申报汇总表

市（州）名称（盖章）： 联系人： 联系电话： 时间： 年 月 日

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| 序号 | 姓名 | 性别 | 身份证号码 | 电话号码 | 工作单位及职务 | 致困原因 | 备注 |
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