附件2

三角轮胎助力翱翔慈善基金救助汇总表

填报单位： 填报时间：

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| 序号 | 姓名 | 性别 | 政治面貌 | 身份证号 | 家庭住址 | 低保证号 | 是否低保边缘家庭 | 是否建档立卡家庭 | 联系电话 | 就读学校及专业 | 入学时间 | 救助金额 |
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填报人： 负责人：