附件2

三角轮胎助力翱翔慈善基金资助汇总表

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 | 入学  时间 | 资助  金额 |
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