附件2

“威高·安心生活”长年卧床人员卫生用品慈善捐助汇总表

区市（盖章）： 填报时间 年 月 日

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| 序号 | 镇街 | 姓名 | 身份证号 | 家庭住址 | 城乡低保 | 特困供养 | 低保边缘 | 符合“家家悦·阳光洒满窗”项目人员 | 裤式垫  型号 | 联系电话 | 备注 |
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填报人： 审核人： 负责人：