附件2

2024年度三角轮胎助力翱翔慈善基金救助汇总表

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| 序号 | 姓名 | 性别 | 政治 面貌 | 身份证号 | 家庭住址 | 低保家庭 | 低保边缘家庭 | 脱贫享受政策人口和防止返贫监测帮扶对象家庭 | 联系电话 | 就读学校及专业 | 入学时间 | 开户银行及开卡城市 | 银行卡号 | 救助金额 |
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填报单位： 填报时间：年 月 日

填报人： 负责人：