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| **附件4（样表，单发Excel表）**  **（某）年“慈善医疗卡”活动救助人员名单** | | | | |
| **申报工作站（盖章）：** | | | **申报时间：** | |
| **序号** | **姓名** | **性别** | **身份证号** | **救助金额（元）** |
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| **合 计** | | | |  |