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附件3

受赠需求申报表

 省 市 县（盖章） 日期： 年 月 日

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| 受援单位名称 | 地址/邮编 | 联系人 | 区号/电话/手机 | 编号A-M项 |
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注：1、请对照捐助设备将编号填入表格；

2、各省（市、自治区区）可根据实际申报情况增加表格行数，将最终报表盖章后传真至010-62133818，同时请发送电子版报表至电子邮箱（lxzyjh@126.com）。