附件5

“志暖夏凉”关爱社区

困难长者主题志愿服务活动推广礼包签收表

**机构名称（盖章）： 联系人: 联系电话：**

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **年龄** | **电话** | **签收**  **（手写签名或按手印）** | **签收日期** | **时间银行编号** |
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