附件4

“志暖夏凉”关爱社区

困难长者主题志愿服务活动服务对象物资签收表

**机构名称（盖章）： 联系人: 联系电话：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **年龄** | **电话** | **居住地址** | **签收**  **（手写签名或按手印）** | **签收日期** | **是否注册时间银行** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |