附件3

**山东平安健康管理研究中心**

**健康用水公益项目实施信息表**

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| **公益项目名称** | **健康用水公益项目** |
| **呈报部门名称** |  |
| **公益项目实施资料** |
| **序 号** | **姓 名** | **家庭住址** | **需求****数量** | **电 话** |
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**此表可根据参与人数的实际情况，由各部门自行扩展。**