附件3

山东平安健康管理研究中心

**关爱认知症人群公益项目实施信息表**

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| **公益项目名称** | | **关爱认知症人群公益项目** | |
| **呈报单位名称** | |  | |
| **公益项目实施资料** | | | |
| **序 号** | **姓 名** | **电话** | **备注** |
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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。**