附：

**海兴县“职工互助一日捐”活动捐款登记表**

（本次捐款人数以各单位实际人数填报）

填报单位： 主管领导签字： 年 月 日

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| 序号 | 姓名 | 性别 | 金额 | 工作单位 | 身份证号码 |
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