**索马杜林®慈善援助项目**

**受益人确认书**

|  |  |  |  |  |  |  |  |
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| **项目名称** | | 索马杜林®慈善援助项目 | | | | | |
| **项目执行单位** | | 北京仁泽公益基金会 | | | | | |
| **受益人姓名** | |  | | **身份证号** | |  | |
| **性 别** | |  | | **手机** | |  | |
| **电话** | |  | |
| **家庭住址** | |  | | | | | |
| **领药编号** | |  | | | | | |
| **受助方式** | **名称**  **（种类）** | **规格** | **数量（盒）** | | **金额（元）** | | **备注** |
|
| **现金□** |  | **—** | **—** | | **—** | |  |
| **实物资产□** |  |  |  | |  | |
| **劳务或服务□** |  | **—** | **—** | | **—** | |
| **受益人签字** | |  | | | **签字日期** | |  |