附件3

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| XX地、州（市）公益性社会组织公益性捐赠税前扣除资格建议名单汇总表 | | | | |
| 填表单位: | | | 填表时间： |  |
| 序号 | 社会组织名称 | 登记管理机关 | 登记时间 | 统一代码 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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| 9 |  |  |  |  |