**附件2：**

**中国生命关怀协会先进集体**

**推荐表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位基本情况 | 单位名称 | |  | | | | | | | | | | |
| 单位地址 | |  | | | | | | 邮 编 | | |  | |
| 主要业务 | |  | | | | | | | | | | |
| 入会时间 | |  | | 类别 | | 分支机构□会员单位□其他□ | | | | | | |
| 单位负责人姓名 | |  | | 手机 | |  | | | 邮箱 | | |  |
| 单位联系人姓名 | |  | | 手机 | |  | | | 邮箱 | | |  |
| 主要事迹 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 推荐单位（个人） | |  | | 类别 | | 分支机构 □ 会员单位 □ 自 荐 □ 其 他 □ | | 手机 | | |  | | |
| 邮箱 | | |  | | |