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 wpłynęło dnia

WNIOSEK O UDZIELENIE POMOCY

1. Imię i nazwisko .....................................................................................................................................

2. Wiek .....................................................................................................................................................

3. Adres.....................................................................................................................................................

1. Telefon kontaktowy / email : ……………………………………………………

Proszę o przyznanie..................................................................................................................................

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U Z A S A D N I E N I E

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ZAŁĄCZNIKI:

.**1.**...............................................................................................................................................................

.**2.**...............................................................................................................................................................

.**3.**...............................................................................................................................................................

.**4.**...............................................................................................................................................................

.**5.**...............................................................................................................................................................

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 miejscowość, data podpis