

Take the Smoke-free Home Pledge

I, _____, on

(Your name here)

_____, _____,

(Date)

(ZIP Code)

pledge to protect myself and others from the health risks of secondhand smoke by keeping my home smoke-free!

I live in a(n) Single family home Apartment Condo Mobile home Other _____

If you live in a multi-unit structure, does your building have a smoke-free policy? Yes No

Before now, was smoking allowed in your home? Yes No

Do you have children under the age of 18 living in the home? Yes No

Please return this completed form to your teacher.

You will receive a *Smoke-Free Home Kit* soon!

Address: _____

City: _____ State: _____ Zip Code: _____



Smoke-Free Homes Program
Programa de Hogares Libres de Humo

*Congratulations on making your
home smoke-free!*

The Smoke-Free Housing Coalition of Maine
www.smokefreeforme.org



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