

 **TAKE THE SMOKE-FREE HOME PLEDGE** 

I. _____
(Your name here)

On, _____ , _____
(Date) (Zip Code)

PLEDGE TO PROTECT MYSELF AND OTHERS FROM THE HEALTH RISKS OF SECONDHAND SMOKE BY KEEPING MY HOME SMOKE-FREE!

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

 **CONGRATULATIONS ON MAKING YOUR HOME SMOKE-FREE!** 

If you would like to receive a smoke-free home kit provide:

Address: _____

City: _____ State: _____ Zip Code: _____

Please return this completed form.



BreatheEasyMaine.org



Maine Center for Disease Control & Prevention
Department of Health and Human Services

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