

## TAKE THE SMOKE-FREE HOME PLEDGE



ļ,				
	(Your	name here)		
<b>∂</b> n,		·		
	(Date)		(Zip Code)	
	PROTECT MYSELF .			-
Ве	efore now, was smo	oking allowed	in your home?	
	Y	es No		
Do you ł	nave children unde	r the age of 1	8 living in the h	ome?
9	Congr	RATULATION	S	P
	N MAKING YOU			
If you w	vould like to receiv	e a smoke-fre	e home kit prov	ride:
Address:				
City:	S1	tate: Z	Zip Code:	
	Please return	this complete	d form.	

REDUCING SMOKE EXPOSURE IN MAINE BreatheEasyMaine.org



Department of Health and Human Services

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ļ,		
	(Your name h	ere)
<b>O</b> n,		
(	Date)	(Zip Code)
		IERS FROM THE HEALTH RISKS G MY HOME SMOKE-FREE!
	now, was smoking allowing Yes	owed in your home?  No e of 18 living in the home?
	Yes	No
ON M	CONGRATULA AKING YOUR HOM	- le
If you would	like to receive a smol	ke-free home kit provide:
ity:	State:	Zip Code:

Please return this completed form.



BreatheEasyMaine.org



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