

PROTECT YOUR FAMILY  
*Take the Smoke-Free*  
HOME PLEDGE

I, \_\_\_\_\_, on, \_\_\_\_\_  
(Full Name) (Date)

pledge to protect my family from the health risks of secondhand smoke by keeping my home smoke-free.

Fill out this postcard and drop it in the mail (or leave at the Rincon Government Building) to receive a \$15 Gift Card (one per household), T-shirt and a Smoke-Free Home Kit.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_

Number of Children in Household: \_\_\_\_\_

**Preferred Gift Card**

(One per household)

Subway  Apple Play   
Starbucks  Google Play

**Preferred T-Shirt Size**

M  XL  3XL   
L  2XL

For more information about maintaining a smoke-free home and the health risks of secondhand smoke go to:

[www.rincon-nsn.gov](http://www.rincon-nsn.gov)