

Help Me to Breathe Free



Breathe Free North

Together we're protecting our children from secondhand smoke

I PLEDGE to keep my car and home smoke-free to protect children!

Dear _____ (child's name),

I, _____ (your name), pledge that I will protect you and other children from the health risks of secondhand smoke by making my home and car smoke-free.

Signature _____ Date _____

To make pledges to additional children, simply copy this form.

I will **start** having a smoke-free car and home

I will **continue** having a smoke-free car and home

Please contact me to discuss an appointment with a NorthPoint Community Health Worker.

Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Congratulations! Together we're protecting children from secondhand smoke.

Or for free help and resources, please call a NorthPoint at 612-596-7591 or 612-348-4700.

Please
Place
Postage
Here

BREATHE FREE NORTH
NORTHPOINT HEALTH &
WELLNESS CENTER INC
1313 PENN AVE N
MINNEAPOLIS MN 55411

Breathe Free North

*Together we're protecting our
children from secondhand smoke*



NorthPoint Health & Wellness Center
Community Center
of Excellence (CCOE)
in Women's Health



NORTHPOINT
Health & Wellness Center



1315 Penn Ave N., Minneapolis, MN 55411

612-596-7591 / 612-348-4700

www.breathefreenorth.org