Smoke-Free!
The San Pasqual Anti-Tobacco Disparities Project

PROTECT YOUR LOVED ONES, TAKE THE SMOKE-FREE HOME PLEDGE

I ____________________________, on ____________________
Pledge to protect my love ones from health risk of second and thirdhand smoke by keeping my home smoke-free. Please fill out this form and drop it off at the Housing Department Building/Office

Full Name: ________________________________
Mailing Address:
________________________________________
__________________________________________
__________________________________________
__________________________________________

Email: ____________________________________
Phone: ____________________________________

Number of Adults in Household: _____________
Number of Children in Household: _____________

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16410 KUMEYAAY WAY
VALLEY CENTER, CA 92082
Tel 760-749-3200 Ext 5136
MIRIAMQ@SANPASQUALTRIBE.ORG

AMERICAN INDIAN Commercial Tobacco Program
California Department of Public Health