

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: _____

16410 KUMEYAAY WAY
VALLEY CENTER, CA 92082

Tel 760-749-3200 Ext 5136

MIRIAMQ@SANPASQUALTRIBE.ORG

