

**Which smoking cessation have you chosen?**

Program Name:

Date Enrolled:

Location:

Phone:

Program Leader's Name:

Program Leader's Stamp:

**Make a pledge to keep your commitment!**

I, \_\_\_\_\_

Pledge my commitment to a smoke - free life on:

\_\_\_\_\_

Because I recognize the importance of this decision to the people I care about and myself.

I stop smoking.

I have chosen to quit smoking because:

\_\_\_\_\_

I agree to abide by the terms and conditions of this program.

Your Signature: \_\_\_\_\_

***You did it!***

You are on the way to a tobacco – free lifestyle. We need to know you've completed your chosen program.

Please send us this card and let us know you're now smoke free! Please make sure that your program leader stamps this card before you mail it

Program Leader Stamp:

Date: \_\_\_\_\_

