



DESIGNED TO HELP YOU BECOME TOBACCO FREE

1.

This program will assist you in creating your plan to quit tobacco.

2.

To start, contact your health coach using the information below.

3.

Your Health Coach will contact you and create your plan to quite.

My Pledge

I, _____ commit to participating in the LIVE TOBACCO FREE campaign.

By signing this pledge, I understand:

- Tobacco is harmful in any form and thereby commit to a healthier life for me, my family and my friends.
- I will connect with my Health Coach who will assist me in developing my quit plan and support me through follow up coaching sessions (4-6 sessions throughout the year).

NAME _____ SIGNATURE _____

PARISH _____ LOCATION _____

DATE _____ EMAIL _____ PHONE _____

To begin, please submit a copy of this pledge form to your health coach or register online at www.rejoiceinhealth.org

email: coach@rejoiceinhealth.org | fax: 205.978.3760 | website: www.rejoiceinhealth.org