Pledge To Be Smoke/Vape Free

When you're ready, commit to a smoke/vape free life.

I, _____, promise to stop smoking/vaping or using tobacco products. I know they are dangerous to my health and dangerous to the health of my children.

Starting _____ (date), I pledge to have a smoke/vape free life.

I commit to keeping myself and my family away from smoke and vape, including secondhand and thirdhand smoke in our home and car.

I pledge to encourage and support other people in my life to make the choice to have smoke/vape free lives too.

I am ready to take on this challenge because it is the healthiest choice for me and for my family.

I will reach out to my support system if I am struggling to quit and am tempted to use tobacco products again. I know that my support system includes Quit Now Indiana at 1-800-QUIT-NOW (1-800-784-8669) or equitnow.com.

_____ _____

(signature) **(date)**