

Physicians for a Smoke Free South Dakota

Measure 12 Endorsement Form

I Want To Help Make South Dakota Smoke Free in November!

Name: _____ (please include title)

Organization: _____

Address: _____

Daytime Phone: _____ Email: _____

YES, I would like to contribute to the Campaign

\$1000 \$500 \$250 \$100 Other _____

YES, please include my name on the list of supporters of Referred Law 12 to make South Dakota smoke free in 2010. *Please make sure to include the proper spelling of your name, practice or organization you would like to be listed. Use a separate sheet if necessary.*

I can support the Campaign to make South Dakota Smoke Free:

Submit newsletter articles to educate employees, members, donors

Sign an op-ed or letter to the editor

Speak to clinic and or medical staff

Serve as local spokesperson

Provide a link on your organization's website to the Campaign's website

Other (please specify): _____

Contribute online at: www.SmokeFreeSD.com or make checks payable to: *A Smoke Free South Dakota* and **forward contribution and endorsement form to:**

It's Time: A Smoke Free South Dakota
PO Box 7012
Pierre SD 57501

THANK YOU!



www.SmokeFreeSD.com
1-888-412-YESON12 (1-888-412-9376)