

Who Will Support Us?

Student Name:

Think of at least five people you know who you could talk to about supporting your efforts. They could be parents, relatives, neighbors, teachers, school staff, coaches, youth group leaders, church members, your family doctor, or anyone else you know in your town who believes in protecting youth from the harms of tobacco.

Name	Phone number/ email address	What are they willing to do?
		<input type="checkbox"/> Sign a petition <input type="checkbox"/> Write a letter of support <input type="checkbox"/> Call decision makers <input type="checkbox"/> Attend the city council meeting <input type="checkbox"/> Other:
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