



# MAKE IT HAPPEN!

Smoke Free Lowcountry



## Endorsement Form

I/We recognize that secondhand smoke is a serious threat to workplace safety and public health. I/We support the passage of an ordinance by the Charleston City Council that would make all indoor public places and workplaces, including restaurants and bars, 100% smoke-free to protect ALL workers.



Individual  Business  Organization  Health Professional

Name: \_\_\_\_\_



Contact (for Businesses and Organizations): \_\_\_\_\_

South Carolina Tobacco Collaborative

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_



South Carolina African American Tobacco Control Network

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required for public use of endorsement)*

I would be interested in:

Talking and/or  Writing to city/county council or mayor

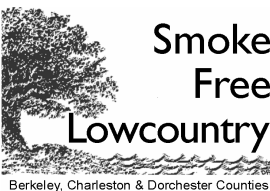
Writing a letter to the editor  Talking to the media

Helping to recruit others  Participate in special events

Other (please explain): \_\_\_\_\_

**Thank you for your support!**

Smoke Free Lowcountry



Please mail or fax this form to:  
Smoke Free Lowcountry Campaign  
PO Box 80935  
Charleston, SC 29416  
Phone: 843-746-3880  
Fax: 843-747-2761  
Email: [smokefreelowcountry@yahoo.com](mailto:smokefreelowcountry@yahoo.com)

By signing this endorsement form you are giving permission for your organization's name to be used publicly as a supporter of smoke free workplaces (or the Smoke Free Lowcountry Campaign). Your contact information, including Email, will NOT be shared.



South Carolina Department of Health and Environmental Control  
Region 7  
Serving Berkeley, Charleston & Dorchester Counties