

**Protect Tobacco-Free Florida** was formed in opposition to the Constitution Revision Commission’s Proposal #94 that looks to eliminate the Tobacco-Free Florida program. Florida voters approved Tobacco-Free Florida in 2006 and secured funding for a comprehensive tobacco prevention and cessation program. Now State Representative Jeanette Nuñez and the CRC members are looking to cut and divert funding from an evidence-based and comprehensive program.

**YES! I would like to join the efforts to defeat Proposition 94.**

* My business/organization can support advocacy efforts of the Protect Tobacco-Free Florida coalition.
* My business/organization can serve as an education/resource partner for the Protect Tobacco-Free Florida coalition.

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation/Business: |
| Address (include zip code):                                                                                                                                                           \_ |
| Email: |
| Phone #: |
| Cell #: |
| **As a supporter of Protect Tobacco-Free Florida:** *(Check all that apply)* |
| * I would like to ***receive updates***from the Protect Tobacco-Free Florida Campaign |
| * I will ***provide***the Protect Tobacco-Free Florida Campaign ***information about my organization/business***to include in a ***newsletter or other publication***. |
| * I would like to ***participate in upcoming CRC hearings***that will take place around the State. |
| * I will ***provide testimonial***in writing or on video. |
| * I would like to ***submit letters to the editor or opinion-editorials***to my local newspaper. |
| * I would be available to ***meet with and/or call, email CRC members***to discuss my opposition of Proposition 94. |
| * Other: |
| **Visit our website at www.protecttff.org to learn more.** |