

South Central Wisconsin Tobacco Free Coalition

We're updating our records. Please fill out this card and return it so we can keep in contact.

● Would you like to continue to receive the Tobacco Free Newsletter?

- No, please take me off the mailing list
 Yes, at the address you have on file
 Yes, at this updated address:
 Yes, but I'd prefer to get it by email:

● Do you show your patients/customers the newsletter? Yes No

● What do you like best about the newsletter? What could we improve on?

● Haven't been to a meeting in awhile? Tell us why! (Frequency, location, day, time, etc.)

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