



## Endorsement Form



I/We recognize that secondhand smoke is a serious threat to workplace safety and public health. I/We support protecting Horry County residents and employees by having 100% smoke free public places and workplaces, including restaurants and bars.

Business/Organization: \_\_\_\_\_



Contact Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

*By signing below, I affirm that I am authorized to sign for my business/organization*

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_



South Carolina African American Tobacco Control Network



### Thank you for your Support!

**\*By signing this endorsement form, you are giving permission for your organization's name and logo to be used publicly as a supporter of **Smoke Free Horry**. Your contact information, including Email, will NOT be shared.**

Please return this form to:  
**Smoke Free Horry**  
P.O. Box 1199  
Conway, South Carolina 29528  
Send a .JPG or .PDF of your logo to:  
[mary@smokefreehorry.com](mailto:mary@smokefreehorry.com)