



www.HealthyCityFallRiver.org

SODA-FREE SUMMER PLEDGE

FIRST NAME ONLY

AGE

GRADE

SCHOOL

THIS SUMMER, I PLEDGE TO: (check one or more)

- CUT BACK ON THE SODA OR SUGAR-SWEETENED BEVERAGES I DRINK**
- NOT DRINK ANY SODA OR SUGAR-SWEETENED BEVERAGES**
- DRINK ONLY WATER OR LOWER-FAT MILK INSTEAD**
- TRY TO GET MY FAMILY AND FRIENDS TO DO THE SAME**

Saint Anne's Hospital proudly supports this effort by donating the printing of Soda-Free Summer Pledge Forms
I will keep this pledge form to remind me to keep my pledge to cut back on my sugar-sweetened beverages.



www.HealthyCityFallRiver.org

SODA-FREE SUMMER PLEDGE

FIRST NAME ONLY

AGE

GRADE

SCHOOL

THIS SUMMER, I PLEDGE TO: (check one or more)

- CUT BACK ON THE SODA OR SUGAR-SWEETENED BEVERAGES I DRINK**
- NOT DRINK ANY SODA OR SUGAR-SWEETENED BEVERAGES**
- DRINK ONLY WATER OR LOWER-FAT MILK INSTEAD**
- TRY TO GET MY FAMILY AND FRIENDS TO DO THE SAME**

Saint Anne's Hospital proudly supports this effort by donating the printing of Soda-Free Summer Pledge Forms
This pledge form will be posted in the Fall River Government Center lobby for all to see!