

*My promise to myself.*

**my** \* \* \* \* \*  
breast health netw\*  
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Because my  
breast health  
matters to me,  
**I promise to:**

- \* Perform a monthly breast self-exam
- \* Make healthy choices
- \* Have a mammogram
- \* Learn about my family health history
- \* See my doctor annually
- \* Encourage my friends and family members to do the same

We'll help you keep your promise  
with electronic reminders and  
breast health information.

**my** \* \* \* \* \*  
breast health network \*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

DOB \_\_\_\_\_