

What action will I take?

| DATE | MY INDIVIDUAL ACTIONS |
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What action can my family take?

| DATE | MY FAMILY ACTIONS |
|-------------|--------------------------|
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What action can my community take?

| DATE | MY COMMUNITY ACTIONS |
|-------------|-----------------------------|
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What action can the organization(s) I belong to or influence take?

| DATE | MY ORGANIZATION ACTIONS |
|-------------|--------------------------------|
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What action can the elected officials I support take?

| DATE | MY ELECTED OFFICIALS ACTIONS |
|-------------|-------------------------------------|
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| | |

2010

OUR CHILDREN ARE WELL ACTION PLAN

Name: _____

Date: _____



ACT NOW! DO GOOD! BE THE DIFFERENCE!