Date

«First\_Name» «Surname»

«Address»

«Town» «State» «PCode»

Dear «First\_Name»,

SUSTAINABLE FARM FAMILIES PROGRAM

Thank you again for attending and participating in workshop two of the program code and name program.

Remember the final action planning session and the commitment you all made regarding the state of your health and the need for a six-month challenge?

Please find enclosed your copy of your action plan for you to display as a reminder of the goals you wrote down.

Remember the things that are important to you, and the reason you are doing them. Don’t think of this program as us wanting to change you. We are here only to support and assist in showing you the role health and farm safety has in your life and the reasons you might want to take notice.

Drop us a line or feel free to contact us on phone number or email address for anything that you may need as assistance in being able to fulfill your action plan.

Kind regards

Name of Person

Position

Health Agency