

SAVE
\$20*

FOR A LIMITED TIME

ON PROFESSIONAL CARE SERIES
AND PULSONIC BRUSHES

*BY MAIL IN REBATE

TRY AN ORAL-B®
POWER BRUSH NOW.



Walmart 

Simply follow the instructions on the left to complete this form. Mail it back to us by January 13, 2012 with the UPC and original dated receipt.

To receive your payment by mail:

Buy:

Any Oral-B® Professional Care™ Series, SmartSeries or Pulsonic Electronic Toothbrush (excludes Vitality™, CrossAction® Power, Complete Action, 3D White™ Action, and refill heads).

Mail:

1. This original form
2. Original UPC barcode from the package
3. Original dated sales receipt dated between 11/13/11 to 12/26/11 with store name and product purchase price circled in a stamped envelope to:

**Oral-B Electric Toothbrush
\$20 Rebate Program**
Dept. W
PO Box 49581
Strongsville, OH 44149-0581

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SAVE \$20 BY MAIL**

**Rebate applies to the price paid after any coupon or discount was applied.



Offer begins November 13, 2011 and expires December 26, 2011. Your request must be postmarked by January 13, 2012. Refundable rebate amount is \$20.00 US Dollars only. Valid on retail purchases only. Offer limited to US residents only. Offer cannot be combined with any other offer, including coupons. Limited to one rebate submission per name, address, or envelope. Use of multiple addresses or P.O. boxes to obtain additional refunds is fraud and may result in prosecution. Multiple submissions will not be acknowledged or returned. This form must accompany your request. Reproduction, alteration, sale, trade, or purchase of this form or proof of purchase is prohibited. Proof of purchase must be obtained from product purchased by you. No requests from groups, clubs, or organizations will be honored. Please allow 6-8 weeks for delivery. Form Cash Redemption Value 1/100 of 1 cent. For the status of your rebate call 1-877-669-8748.

Please print clearly—proper delivery depends on a complete and correct address.

First Name _____ Last Name _____

Address _____ Apt# _____

City _____ State _____

Zip Code _____ Date of Birth (MM/YY) _____

Email Address (Optional) _____

Yes! I'd like to receive information and special offers from Oral-B.

Yes! I want to be among the first to receive special offers, savings, and samples from P&G brands and the P&G Everyday Solutions Monthly Email Newsletter.

Visit us online at oralb.com/register for more information and great savings.