

SAVE  
\$20\*

FOR A LIMITED TIME

ON ORAL-B® PROFESSIONAL™ SERIES  
& 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 October 30, 2012 with the UPC and original dated receipt.

To receive your pre-paid card by mail:

**Buy:**

One Oral-B® Professional™ 1000, 1500, 3000, 4000, 5000, Sam's Club® Professional Care® Series Dual Handle Pack, or Pulsonic Electronic Toothbrush (excludes Costco Professional Care® Advantage Dual Handle Pack, Professional Care™ 8850, Vitality™, Pro-Health™, CrossAction® Power, Complete Action, 3D White Action, and Refill Heads. Also excludes trial/travel sizes).

**Mail:**

1. This original rebate form
2. Original UPC barcode from the package
3. Original dated sales receipt dated between 7/1/2012 to 9/30/2012 with store name and product purchase price circled in a stamped envelope to:

**Oral-B Electric Toothbrush  
\$20 Rebate Program**  
Dept. W  
PO Box 7308  
South Bend, IN 46634-7308

Trust is a cornerstone of our corporate mission, and the success of our business depends on it. P&G is committed to maintaining your trust by protecting personal information we collect about you, our consumers. For full details of our privacy statement go to: [http://www.pg.com/privacy/english/privacy\\_notice.html](http://www.pg.com/privacy/english/privacy_notice.html)

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SAVE \$20 BY MAIL

LOOK FOR OUR  
NEW PACKAGING



**Offer begins July 1, 2012 and expires September 30, 2012. Your request must be postmarked by October 30, 2012.** Refundable rebate amount is \$20.00 US Dollars paid via a prepaid card only. Valid on retail purchases only. Offer limited to US residents only. Offer cannot be combined with any other offer, including coupons. There is a limit of one rebate request per name, envelope, (except where prohibited) per address. Use of multiple addresses or P.O. boxes to obtain additional refunds is fraud and may result in prosecution. Any submission in excess of the limits set forth above 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. For the status of your rebate go to [www.therebatecenter.com/pgrebates](http://www.therebatecenter.com/pgrebates) or call **1-855-641-9038**.

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Over 18 (yes/no) \_\_\_\_\_

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](http://oralb.com/register) for more information and great savings.

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