

SAVE  
\$15\*

FOR A LIMITED TIME  
ON SELECT ORAL-B® RECHARGEABLE  
TOOTHBRUSHES  
\*by mail-in rebate

TRY AN ORAL-B®  
POWER BRUSH NOW.



amazon.com®

Simply follow the instructions on the left to complete this form. Mail it back to us by January 31, 2013 with the UPC and original dated receipt.

To receive your pre-paid card by mail:

Buy:  
One Oral-B® Professional™ 1000, 1500, 3000, Professional Care® Series Dual Handle Pack or Pulsonic Rechargeable Electric Toothbrush (excludes Costco Professional Care® Advantage Dual Handle Pack Professional Care™ 8850, Professional™ 4000, Professional™ 5000, Vitality™, Pro-Health™, Cross Action® 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 11/14/2012 to 12/31/2012 with store name and product purchase price circled in a stamped envelope to:

Oral-B Electric Toothbrush  
\$15 Rebate Program  
Dept. A  
PO Box 7319  
South Bend, IN 46634-7319

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).

\*If you selected "Frustration Free Shipping" cut out and mail the original UPC barcode from your shipping box.



SAVE \$15 BY MAIL\*\*



**Offer begins November 14, 2012 and expires December 31, 2012. Your request must be postmarked by January 31, 2013.** Refundable rebate amount is \$15.00 US Dollars via a pre-paid card only. Valid on retail purchases only. Offer limited to US residents only. Limit one submission 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 submissions 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 1-855-733-5384.

**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.

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