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50%\***

**FOR A LIMITED TIME**

ON PROFESSIONAL CARE SERIES  
AND PULSONIC BRUSHES

\*BY MAIL IN REBATE

**TRY AN ORAL-B®  
POWER BRUSH NOW.**



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Simply follow the instructions on the left to complete this form. Mail it back to us by October 15, 2011 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 7/7/11 to 9/15/11 with product purchase price circled in a stamped envelope to:

**Oral-B Electric Toothbrush  
50% Off Program  
Dept. A  
PO Box 49576  
Strongsville, OH 44149-0576**

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**SAVE 50% BY MAIL\*\***

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



**Offer begins July 7, 2011 and expires September 15, 2011. Your request must be postmarked by October 15, 2011.** Refundable rebate amount is up to \$80.00 US Dollars only. Valid on retail purchases only. Offer limited to US residents only. Offer cannot be combined with any other offer. 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 1-877-665-1531.

**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) \_\_\_\_\_

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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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