

\$20 MAIL-IN REBATE

WHEN YOU BUY ONE OF THESE ORAL-B®
POWER TOOTHBRUSH SYSTEMS AT YOUR DENTAL OFFICE



SYSTEM

GINGIVITIS



SYSTEM

SENSITIVE

TO RECEIVE YOUR PREPAID CARD BY MAIL

Buy one of the Oral-B power toothbrush systems and follow the simple instructions. Mail the 3 items listed below.

- 1 This form, along with your contact information on the reverse side
- 2 Original UPC barcode from the power toothbrush package **ONLY**
- 3 Original dated receipt with dental office and product purchase price circled—**qualifying product must be purchased at dental office, not at a retail store**

GENIUS Professional Exclusive:
Provides a superior* clean and pairs with smartphone for a smarter routine.



* vs a regular manual toothbrush

life opens up when you do



Offer begins July 1, 2016 and ends June 30, 2017. Your request must be postmarked by July 31, 2017. Additional Terms: Offer cannot be combined with any other offer, including coupons. Offer limited to U.S. residents only who are the age of majority in their state of residence. Limit two submissions per name, address, or envelope (except where prohibited). 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. Rebate will be paid via prepaid card. Prepaid card accepted where Visa®/MasterCard® cards are accepted. Not redeemable as cash or usable at ATMs or gas pumps. Card expires 6 months from issuance. Terms of prepaid card apply. Please allow 6-8 weeks for delivery. For the status of your rebate, go to www.pg.rebateresearch.com or call **1-855-814-5055**.

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) _____

E-mail 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 e-mail newsletter.

Place this form above in a stamped envelope and mail to:

Oral-B Power \$20 MIR
Dept. B
PO Box 2199
Grand Rapids, MN 55745-2199



Rebate form also available at www.oralb.com/rebate

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.html>

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