



GET
a \$10 prepaid
Mastercard® by mail*

*Terms apply. See reverse side for details.

P&G Redeem in 3 Easy Steps!



1 Buy \$25
of P&G products

2 Fill Out
form on back

3 Mail In
form + receipt

How to Receive Your Reward:

BUY

\$25 worth of participating P&G products in one transaction, before taxes and after all other discounts and coupons are applied. Purchase must be made between 9/15/2018 and 12/15/2018. Submission must be postmarked or submitted online by 12/22/2018.

MAIL

In a first class stamped envelope, mail:

- This original form
- Original dated sales receipt with store name and product price(s) circled to the following address:

P&G Flu Prep
PO Box 49296
Strongsville, OH 44149-0296

Please allow 4-6 weeks for delivery of your \$10 Prepaid Mastercard*.

Important information: Limit one (1) Prepaid Mastercard per household. Product exclusions apply. Offer available while supplies last. 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 the personal information we collect about you, our customers. For full details of our privacy statement visit www.pg.com/privacy/english/privacy_notice.html.

Please print clearly; proper delivery depends on a complete and correct address. Telephone number and email address will only be used to provide order status, clarify information and send Prepaid Mastercard.

PLEASE PRINT

UPC CODES (LAST 5 NUMBERS)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Valid email address must be provided in order to process redemption and receive your reward.

TERMS AND CONDITIONS:

To receive a \$10 Prepaid Mastercard you must purchase \$25 of participating P&G products in a single transaction, before taxes and after all other discounts and coupons are applied. Offer limited to US residents only, 18 years of age or older. Available at participating retailers. Limit 1 Prepaid Mastercard per household. No P.O. boxes, except in North Dakota; only street and rural addresses are acceptable. No copies, facsimiles or mechanical reproductions of the offer form or receipt are accepted, nor will any offer forms or receipts be returned. No substitutions or transfers allowed. This form is non-transferable. This form must accompany your request. Incomplete submissions are not honored. If the UPCs of the products purchased and valid original dated receipt are not included in the request for the Prepaid Mastercard, your Prepaid Mastercard will not be issued. Reproduction, alteration, sale, trade, or purchase of this official 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. Not responsible for lost, late, or undelivered submissions. Please allow 4-6 weeks for delivery. Product exclusions apply. For the status of your Prepaid Mastercard call 866-512-8656. This Card is issued by Sunrise Banks N.A., Member FDIC, pursuant to a license from Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated. This card may be used everywhere Debit Mastercard is accepted. Registration, activation, acceptance, or use of this card constitutes acceptance of the terms and conditions stated in the Prepaid Card Agreement. Cards will not have cash access. Mastercard® and the Mastercard® logo are registered trademarks of Mastercard®. This promotion is not associated, sponsored, or endorsed by Mastercard®. Visit PGFluPrep.com for full details and Privacy Policy.

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Non-participating brands: Always®, Aussie®, Bounce®, Bounty®, Braun®, Cascade®, Charmin®, Clearblue®, Crest®, Dawn®, Downy®, Downy Unstoppables®, Dreft®, Era®, Febreze®, Fixodent®, Gain®, Gillette®, Gillette Venus®, Glide®, Head & Shoulders®, Herbal Essences®, Ivory®, Joy®, Luvs®, Mr. Clean®, Olay®, Old Spice®, Oral-B®, Pampers®, Pantene®, Puffs®, Safeguard®, Scope®, Secret®, SK-II®, Swiffer®, Tampax®, Tide® and Tide Pods®. Not valid for any Prilosec OTC product reimbursed or paid under Medicaid, Medicare, or any federal or state healthcare program, including state medical and pharmacy assistance programs, or where prohibited by law. Not valid in Massachusetts if any part of the product cost is reimbursed by public or private health insurance. ©2018 Procter & Gamble.