

JUST IN TIME FOR THE HOLIDAYS!

\$30 MAIL-IN REBATE

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



GINGIVITIS PLUS SYSTEM



GINGIVITIS SYSTEM

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 bar code from power toothbrush package **ONLY**
- 3** Original dated receipt with dental office and 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.

Oral-B®

Brush like a Pro.

Offer begins October 6, 2017 and ends December 29, 2017. Your request must be postmarked by January 31, 2018. 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 pre-paid 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 **1-844-393-9640**.

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 the required items in a stamped envelope and mail to:

Oral-B Power \$30 MIR
PO Box 3221
Grand Rapids, MN 55745-3221

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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