

CHILDREN'S CLARITIN[®] MONEY BACK GUARANTEE OFFER

Official Refund Request Form

Please fill out the information below completely. Information will only be utilized in conjunction with fulfilling this refund request.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____

Children's Claritin[®] Product Purchased: _____

Price Without Coupon: \$ _____.

Coupon Value: \$ _____.

Other Discount: \$ _____.

Final Discounted Purchase Price: \$ _____.

REMINDER...

Mail in this completed official refund request form, original store receipt with purchase price and, if applicable, any coupon/discounts circled and completed, original UPC code cut from the Children's Claritin[®] carton to:

**Children's Claritin[®] Money Back Guarantee Offer
Offer Code #R9869
PO Box 2514
Grand Rapids, MN 55745-2514**

Unless expressly prohibited by law, payee authorizes reasonable dormancy fees deducted if refund check is not cashed within 180 days.