

OFFICIAL REBATE REQUEST FORM
Claritin® Allergy Products For Kids Buy 2 Mail-In Rebate

**GET \$10 BACK
BY MAIL**

When You Buy Two (2) Qualifying Claritin® Allergy Products For Kids*

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____

Claritin® Allergy Products For Kids Purchased: _____

*Must purchase two (2) of the following Claritin® Allergy Products for Kids ("Qualifying Claritin® Allergy Products for Kids"): Children's Claritin® Syrup 8 oz., OR Children's Claritin® Chewables 30 count, OR Claritin® RediTabs® For Juniors 30 count products only. Purchases must be made no later than 12/31/2018; request for rebate must be postmarked by 1/15/2019 and received at fulfillment center no later than 2/15/2019. See Terms and Conditions for complete offer details.

REMINDER...

Mail in this completed official rebate request form, original store receipt with both Qualifying Claritin® Allergy Products For Kids and purchase prices circled, and complete original UPC box cut from cartons of both Qualifying Children's Claritin® Allergy Products For Kids cartons to:

**Claritin® Allergy For Kids Buy 2 Rebate
Offer #R9870
PO Box 2515
Grand Rapids, MN 55745-2515**

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

Use as directed.