

# CHILDREN'S CLARITIN<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> carton to:

**Children's Claritin<sup>®</sup> Money Back Guarantee Offer  
Offer Code #R10080  
PO Box 3425  
Grand Rapids, MN 55745-3425**

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