	<b>SINGLE DOSE</b> Patented Cold Sore Treatment	
	TRY IT FREE* REBATE	
	OFFICIAL MAIL-IN REBATE FORM EXPIRES 4/30/2016	
	R REFUND VIA MAIL:	
1. Purchase	e one (1) Orajel™ Single Dose Cold Sore product between 10/1/20	015 and 4/30/2016.
2. In a prop	perly stamped envelope, please provide the following:	
• (	Driginal dated cash register receipt with the purchase price circled	l
• (	Driginal UPC barcode from the back of the product package	
	ORAJEL <sup>™</sup> SINGLE DOSE COLD SORE TREATMENT: 10310-323	44
		RIZER 10310-32345
	ORAJEL <sup>™</sup> SINGLE DOSE COLD SORE TREATMENT + MOISTUP	112EN. 10010 02040
	completed form below e must be postmarked by 6/30/16 and received by 7/15/16	N2LN. 10010 02040
Envelope	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16	N2LN. 10010 02040
Envelope	Completed form below	
Envelope	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16	
Envelope COMPLETE THIS	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT):	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT):	ZIP
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT): xes permitted)	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo CITY EMAIL ADDRESS	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT):  xes permitted) STATE	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT): xes permitted)	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo CITY EMAIL ADDRESS	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT): xes permitted) STATE Inmar Rebate Center Attn: Orajel <sup>™</sup> Single Dose Try It Free Rebate Offer Code: ORAJEL1402	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo CITY EMAIL ADDRESS	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT): xes permitted) STATE Inmar Rebate Center Attn: Orajel™ Single Dose Try It Free Rebate Offer Code: ORAJEL1402 P.O. Box 426015	
Envelope COMPLETE THIS NAME ADDRESS (no P.O. Bo CITY EMAIL ADDRESS 3. Mail to:	Completed form below e must be postmarked by 6/30/16 and received by 7/15/16 FORM (PLEASE PRINT): xes permitted) STATE Inmar Rebate Center Attn: Orajel <sup>™</sup> Single Dose Try It Free Rebate Offer Code: ORAJEL1402	ZIP

will be up to \$21.99 for the purchase of one (1) Orajel<sup>TM</sup> Single Dose Cold Sore product while supplies last. Offer void if completed original refund form, original dated cash register receipt and UPC from product package are not included. VOID WHERE PROHIBITED, LICENSED, TAXED OR RESTRICTED BY LAW. Fraudulent submission could result in federal prosecution under mail fraud statutes (Title 18, Sections 1341 & 1342). Offer valid for USA residents only. Allow 4-6 weeks for processing. Reproductions, sale, trading or purchase of this certificate or your proof of purchase is prohibited. Cannot be combined with any other offer. Church & Dwight Co., Inc. will not be liable for lost, late, misdirected, mutilated, illegible, incomplete or postage due mail. For refund inquiries, please visit online at InmarRebates.com. ©2015 Church & Dwight Co., Inc. ORAJEL is a trademark of Church & Dwight Co., Inc. Unless expressly prohibited by law, payee authorizes reasonable dormancy fees deducted if check not cashed within 180 days.

\*Aftermail-in rebate valued at up to \$21.99, not including tax.