

FEEL BETTER  
— i —  
OR YOUR  
MONEY BACK

**TYLENOL**<sup>®</sup>  
Cold & Sinus

**OFFICIAL MAIL-IN CERTIFICATE**

**Purchases must be made between 10/01/2016–3/31/2017. Reimbursement requests must be received by 5/01/17.**

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

By checking this box, I attest that I am at least 18 years of age\* Email Address\* \_\_\_\_\_

Mailing Street Address\* (No P.O. Boxes) \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

(\*Required fields)

**Offer valid on the following products. Check off the purchased product.** Offer is limited to one reimbursement claim.

- TYLENOL<sup>®</sup> Cold + Flu Severe 24 ct. caplets
- TYLENOL<sup>®</sup> Cold Max 24 ct. caplets
- TYLENOL<sup>®</sup> Cold + Head Congestion Severe 24 ct. caplets
- TYLENOL<sup>®</sup> Sinus Severe 24 ct. caplets
- TYLENOL<sup>®</sup> Sinus + Headache 24 ct. caplets
- TYLENOL<sup>®</sup> Cold + Flu Severe Day Night 24 ct. caplets
- TYLENOL<sup>®</sup> Cold Max Nighttime COOL BURST<sup>®</sup> 8 oz liquid
- TYLENOL<sup>®</sup> Cold + Mucus Severe COOL BURST<sup>®</sup> 8 oz liquid

- TYLENOL<sup>®</sup> Cold + Flu Severe Warming Honey Lemon 8 oz liquid
- TYLENOL<sup>®</sup> Cold Max Daytime Citrus Burst 8 oz liquid
- TYLENOL<sup>®</sup> Cold + Sore Throat COOL BURST<sup>®</sup> 8 oz liquid



\_\_\_\_\_ (Write product UPC of one of the products above)

**SEND**

1. The original fully completed TYLENOL<sup>®</sup> Cold & Sinus Official Mail-In Certificate.
2. The original store identified sales receipt dated 10/01/2016 through 03/31/17 indicating ONE (1) TYLENOL<sup>®</sup> Cold or TYLENOL<sup>®</sup> Sinus product purchased with purchase price circled.

**MAIL TO**

**Johnson & Johnson Consumer Care Center**  
120 N Commercial St., 5th Floor  
Neenah, WI 54956

**RECEIVE**

A reimbursement for ONE (1) TYLENOL<sup>®</sup> Cold or TYLENOL<sup>®</sup> Sinus product purchase price up to \$15.00 USD (including tax).

**TERMS AND CONDITIONS:**

Offer limited to U.S. residents only, 18 years of age or older. Must be actual purchaser of the qualifying product. Offer valid on any **TYLENOL<sup>®</sup> Cold or TYLENOL<sup>®</sup> Sinus** product purchase (see above for products available) made **10/01/16 through 3/31/17** that was purchased with cash or cash equivalent (no points or other non-monetary purchase methods). All reimbursement requests must be received at the mailing address **on or before 5/01/17**. Requests received after 5/01/17 will not be honored or acknowledged. No P.O. boxes. Check with your local post office for street address. Maximum value of the reimbursement equals up to \$15.00 USD, including tax. Actual value reimbursed will be based on individual purchase price paid plus tax, up to the maximum allowable amount. Participants will receive a check by mail, upon claim acceptance. Please allow 6-8 weeks for processing and delivery. If 18 years or older requirement, UPC write-in, and valid original sales receipt (with retailer name, accurate product description, purchase price and date) are not included in the request, the purchase price (up to \$15.00 USD) will not be reimbursed. **Offer is limited to ONE (1) reimbursement claim for the purchase of any ONE (1) TYLENOL<sup>®</sup> Cold or TYLENOL<sup>®</sup> Sinus product per household street address.** Multiple product reimbursement requests per household or street address will not be honored. UPCs or receipts obtained through unauthorized means or illegitimate channels will be void. UPCs and receipts cannot be sold, traded, auctioned or bartered; all of which will be void. Fraudulent submission including use of multiple addresses to obtain additional reimbursements may result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code, Section 1342). Not responsible for lost, late, misdirected, mutilated, illegible, incomplete, postage due, or undelivered responses.