

TYLENOL® & MOTRIN®

Pediatric Products Satisfaction Guarantee

Official Mail-In Certificate



We believe in our pediatric TYLENOL® and MOTRIN® product flavors and offer a money-back guarantee to anyone who isn't completely satisfied with the taste. Program excludes Children's TYLENOL® Cold products. To receive a refund, simply follow the directions outlined in the form below.

Purchases must be made between 7/15/17-1/15/18. Reimbursement requests must be received by 3/01/18.

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 PO Boxes) _____

City* _____ State* _____ Zip* _____

(*Required fields)

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

- Infants' TYLENOL® Oral Suspension - 1 fl oz (30 ml)
- Infants' TYLENOL® Oral Suspension - 2 fl oz (60 ml)
- Children's TYLENOL® Oral Suspension - 4 fl oz (120 ml)
- Children's TYLENOL® Chewables - 24 chewable tablets
- Infants' MOTRIN® Concentrated Drops - .5 fl oz (15 ml)
- Infants' MOTRIN® Concentrated Drops - 1 fl oz (30 ml)
- Children's MOTRIN® Oral Suspension - 4 fl oz (120 ml)



_____ (Write product UPC of one of the products above)

SEND

1. Your fully completed **TYLENOL® & MOTRIN® Pediatric Products Satisfaction Guarantee Official Mail-In Certificate.**
2. The original store identified sales receipt dated 07/15/17 through 1/15/18 indicating ONE (1) TYLENOL® or MOTRIN® pediatric product purchased with purchase price circled.

MAIL TO

Johnson & Johnson Consumer Care Center
120 N Commercial Street, 5th Floor
Neenah, WI 54956

RECEIVE

A reimbursement for ONE (1) TYLENOL® or MOTRIN® pediatric product purchase price up to \$13.00 USD (including tax). (See above for eligible products.)

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® or MOTRIN® pediatric product purchase (see above for eligible products) made 7/15/17 through 1/15/18 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 3/01/18. Requests received after 3/01/18 will not be honored or acknowledged. No PO boxes. Check with your local post office for street address. Maximum value of the reimbursement equals up to \$13.00 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 \$13.00 USD) will not be reimbursed. Offer is limited to ONE (1) reimbursement claim for the purchase of any ONE (1) TYLENOL® or MOTRIN® pediatric product (see above for eligible products) 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.