

CoverToxTen⁵⁰TM

CoverToxTen⁵⁰TM Wrinkle Therapy Foundation
Try Me Free Mail-In Rebate Form
2008

Please fill in the following information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

UPC Code (required): _____

MAIL TO:

Dept. #101452
CoverToxTen⁵⁰TM Wrinkle Therapy Foundation Rebate
P.O. Box 134
Niagara Falls, NY 14302-0134

To receive your mail-in rebate:

- 1) Purchase the specially marked Physicians Formula® CoverToxTen⁵⁰TM Wrinkle Therapy Foundation product between 1/1/08 and 12/31/08.
- 2) Print out and mail this completed form along with the TRY ME FREE label attached to the product and your original sales receipt with purchase price circled.
- 3) Rebate must be postmarked by 1/31/09.

Offer expires December 31th, 2008. Limit one rebate per household (2 rebates per household accepted for Rhode Island residents only). Rebate amount is the purchase price of CoverToxTen⁵⁰TM Wrinkle Therapy Foundation not including tax. Maximum value is \$12.95. Not valid on any other Physicians Formula product. Requests from groups, post office boxes, or organizations will not be honored. Fraudulent submission of multiple requests could result in federal prosecution under U.S. Mail Fraud Statutes (18 USC, Section 1341 and 1342). Offer good in USA only. Void where prohibited, taxed, or restricted by law. If you do not receive your rebate within 10 weeks, call 866-508-3547. Please keep copies of all materials submitted. Cannot be used in conjunction with any other offer.