



shimmer strips



Eye Enhancing Mascara Duo

Try Me Free Mail-In Rebate Form

2010

Please fill in the following information:

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
12 digit UPC Bar Code number (required): _____

MAIL TO:

CMS/Physicians Formula Rebate Services
Shimmer Strips Mascara Duo
Dept. #PF5471
PO Box 426008
Del Rio, TX 78842-6008

To receive your mail-in rebate:

- 1) Purchase the specially marked Physicians Formula® Shimmer Strips Custom Eye Enhancing Mascara Duo product between 1/1/10 and 12/31/10.
- 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 1/15/11.

Offer expires **December 31st, 2010**. Limit one rebate per household (2 rebates per household accepted for Rhode Island residents only). Rebate amount is **the purchase price of Shimmer Strips Custom Eye Enhancing Mascara Duo** not including tax. Maximum value is **\$10.95**. 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, visit www.cmspromocheck.com or call **877-322-8355**. Please keep copies of all materials submitted. Cannot be used in conjunction with any other offer.

PHYSICIANS FORMULA

Your beauty. Our passion. We promise.