

\$10 REBATE

Thank you for taking
The Natural Dentist
Healthy Mouth Challenge!

the
**natural
DENTIST**[®]
Nature. Clinically Proven.[™]



To receive your rebate: please complete this form, include your original cash register receipt(s) and proofs of purchase for Two (2) 16oz The Natural Dentist Mouth Rinse products and mail by 5-31-2009 (postmarked). For proof of purchase, we will accept the cap wrap or the UPC code.

Helpful hint: You can remove the UPC code by using a piece of clear tape to peel the label from the bottle.

Name: _____

Street Address: _____

City: _____

State: _____ **Zip Code:** _____

Email: _____

Mail completed form with proofs of purchase and original receipt(s) to:
ND/Universal, PO Box 222510, Hollywood, FL 33022-2510

Must be postmarked by 5-31-2009. Limit one per household. Not to be used in conjunction with any other offer. Please allow 10-12 weeks for processing.