



**Purchases must be made between: 4/1/21 - 12/31/21. Reimbursement requests must be received by 1/31/22.**

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. Offer excludes PEPCID COMPLETE® products.

PEPCID AC® Maximum Strength Tablets 8 ct.

PEPCID AC® Original Strength Tablets 30 ct.

PEPCID AC® Maximum Strength Tablets 25 ct.

PEPCID AC® Original Strength Tablets 60 ct.

PEPCID AC® Maximum Strength Tablets 50 ct.

PEPCID AC® Original Strength Tablets 75 ct.

PEPCID AC® Maximum Strength Tablets 75 ct.

PEPCID AC® Original Strength Tablets 90 ct.

PEPCID AC® Maximum Strength Tablets 50 ct. - 2 Pack

PEPCID AC® Maximum Strength Tablets 125 ct.

I acknowledge that I have used the PEPCID AC® product indicated above as directed and am **NOT** satisfied with my purchase.



Please write lot # here \_\_\_\_\_

0 0000-0000-00 0

Example UPC

(Write product UPC of one of the products above)

### SEND

1. The original fully completed PEPCID AC® Official Mail-In Certificate.
2. The original UPC label from the product
3. Original receipt dated: 4/1/21 through 12/31/21 indicating ONE (1) PEPCID AC® product purchased with purchase price circled.

### MAIL TO

**PEPCID® Money Back Guarantee**  
**Johnson & Johnson Consumer Care Center**  
P.O. Box 767  
Neenah, WI 54956

### RECEIVE

A reimbursement for ONE (1) PEPCID AC® product purchase price up to \$30.00 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 **PEPCID AC®** product purchase (see above for products available) made **4/1/21-12/31/21** 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 1/31/22**. Requests received after 1/31/22 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 \$30.00 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 \$30.00 USD) will not be reimbursed. **Offer is limited to ONE (1) reimbursement claim for the purchase of any ONE (1) PEPCID AC® 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.