



# \$20 Rebate Certificate

PLEASE COMPLETE ALL THREE STEPS TO RECEIVE YOUR \$20 REBATE CHECK

1. Get an eye exam and purchase an annual supply of H<sub>2</sub>O contact lenses
2. Complete this certificate and attach a copy of the back of the box (with UPC code) for each box purchased

PRODUCT	12-PACKS	6-PACKS
Extreme H2O 54%	4 boxes = Annual Supply	8 boxes = Annual Supply
Extreme H2O 54% Toric	4 boxes = Annual Supply	8 boxes = Annual Supply
Extreme H2O 59%	4 boxes = Annual Supply	8 boxes = Annual Supply
Clarity H2O	2 boxes = Annual Supply	4 boxes = Annual Supply

3. Attach a copy of the receipt for the eye exam AND product purchase and mail to:

**H<sub>2</sub>O Rebate Offer**  
**Dept 8083**  
**PO Box 5012**  
**Stacy, MN 55078-5012**

For consumer inquires call toll free: 866-418-6809

Offer expires 12/31/2012. Claims must be received by 2/28/2013

Check your rebate status online at <http://hydrogelvision.mycheckstatus.com>

Terms and Conditions: Offer valid for U.S residents only. Offer not valid where prohibited by law. Purchase must be made after 1/1/2012. Product purchase must be made within 60 days of eye exam. Void if not received within 60 days of offer expiration. Limit one H2O rebate per customer, per 12 month period. Photocopy of certificate not valid. Allow 6 to 8 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission could result in federal prosecution under the U.S. Mail Fraud Status. (18 U.S. Code, Section 1341 and 1342). Not responsible for lost, late, or undeliverable responses. Not valid with any other offer or rebates. Rebate valid only when purchased through an authorized and licensed H2O suppliers. Not valid on purchases of lenses from mass merchandisers or mail order/internet resellers.

PATIENT'S NAME:

ADDRESS:

CITY, STATE, ZIP:

EMAIL:

*Providing your email address will allow us to email you the status of your rebate check.*

DOCTOR NAME

CITY, STATE