

GET UP TO \$20 *back*

Get up to a \$20 rebate on any ACTONEL prescription

1. Fill your ACTONEL prescription at any pharmacy.
2. If eligible, complete this certificate.*
3. Please sign your name.*

X _____

Please sign here to certify that you understand, accept, and are complying with the terms and conditions listed on back.

4. Mail this certificate along with your pharmacy receipt indicating ACTONEL and amount paid (proof of purchase) to address at right. This offer expires and must be postmarked by 12/31/08.

Yes. I'd like to receive more information from Procter & Gamble Pharmaceuticals and sanofi-aventis, U.S.

Name

Address

City

State

Zip

E-mail

Mail to: ACTONEL Rebate Offer
P.O. Box 42485
Cincinnati, OH 45242-0485



*TERMS AND CONDITIONS: Rebates not valid for prescriptions reimbursed or paid under Medicaid, Medicare, or any similar federal or state healthcare program, including state medical or pharmacy assistance programs, or where prohibited by law. Void in Massachusetts if you are reimbursed for any portion of your prescription price. This certificate must be accompanied by a pharmacy receipt (proof of purchase). Amount of rebate not to exceed \$20.00 or co-pay, whichever is less. This certificate may not be reproduced and must accompany your request. Receipts (proofs of purchase) will not be returned. Void outside the U.S. or if taxed, restricted, prohibited, assigned,

reproduced, or transferred. It is illegal for any person to sell, purchase, or trade or offer to sell, purchase or trade or counterfeit this certificate. This is a prescription product; therefore, a prescription must have been filled in order to use this certificate. Please allow 4 to 6 weeks for delivery of your rebate check. Your personal information will only be used by Procter & Gamble Pharmaceuticals and sanofi-aventis and/or their vendors to fulfill this rebate and, if selected above, to send you information about ACTONEL. This program may be canceled at any time.