

Colgate®

Sensitive Pro-Relief™

clinically proven PRO-ARGIN™ FORMULA



Money Back Guarantee



Name **Age**

LAST NAME FIRST NAME MIDDLE INITIAL

Address

STREET NO. STREET TOWN CITY

Tel No. **Cel No.**

AREA CODE NUMBER AREA CODE NUMBER

Why do you feel Colgate® Sensitive Pro-Relief™ toothpaste did not relieve you of your tooth sensitivity? (no less than 15 words)

- I hereby confirm that I have used Colgate® Sensitive Pro-Relief™ toothpaste as directed on the product label.
- The above statement is true and accurate based on my own personal experience.

Signature: _____

Send to Colgate® Sensitive Pro-Relief™ Money Back Offer, CPPI PO Box 2700, Manila

PHILIPPINES ONLY