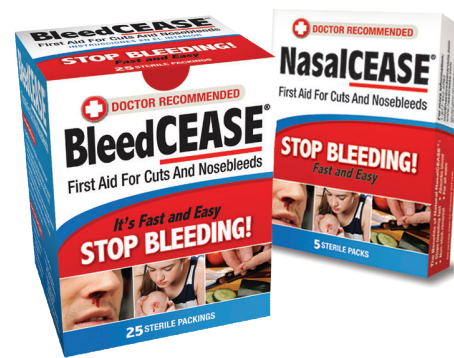


BleedCEASE[®] or NasalCEASE[®]

FIRST AID FOR CUTS AND NOSEBLEEDS

- Everyday cuts and scrapes
- Nosebleeds
- Shaving cuts
- Taking nasal allergy sprays
- Sports injuries
- Chronic conditions
- Taking blood thinners
- Extreme dryness



Purchase Products Today and Earn Free Product!

\$ Earn a free box of product for each four boxes of the like product purchased in pharmacies by 12/31/2021 \$

Each time you purchase 4 boxes of BleedCEASE or NasalCEASE and submit the completed claim form below - we will send you another box of the like product free! Also download the coupons on our website and save \$1.00 on each box purchased in pharmacies

Offer applies to purchases of BleedCEASE 5, 25 and 100 and NasalCEASE 5

Free Product Requirements:

Mail your completed Free Product Claim Form to:

BleedCEASE and NasalCEASE Free Offer
PO Box 303
Mendon, New York 14506

Proofs of Purchase Required:

- Original US retail pharmacy cash register receipt(s) as proof of purchase. All purchases must be made by 12/31/21.
- From each BleedCEASE or NasalCEASE box purchased the original UPC Code (12 digit #) located on the bottom panel of the box.

All claims for free product must be mailed and postmarked by January 15, 2022.

Please allow up to six weeks for receipt of your free product.

Non-compliance to any of the above requirements will cause your free product offer not to be processed. The dated cash register receipts and the UPC codes must be originals. No facsimiles will be accepted.

Free Product Claim Form BC-NC-2021

WS

Mail this free product claim form along with your proof of purchase documents to the above address.

First Name

Last Name

Street Address

Apt. #

City

State

Zip Code

Telephone Number With Area Code

Email Address

of boxes purchased