



FROZEN ENTRÉE



BUY ONE GET ONE FREE!*

CAMPBELL'S® LASAGNA WITH MEAT AND SAUCE (18006)

* Purchase 2 cases of **Campbell's® Lasagna with Meat and Sauce**, up to a maximum of 8 cases, from September 15, 2008 to December 31, 2008, and you will receive a rebate check by mail for the lowest purchase price paid per case up to a maximum of 4 cases.



ELIGIBLE PRODUCT FOR OFFER: CODE
CAMPBELL'S® LASAGNA 18006
WITH MEAT AND SAUCE

PRODUCT CODE	PRODUCT DESCRIPTION	CASE PRICE	# OF CASES PURCHASED
18006	CAMPBELL'S® LASAGNA WITH MEAT AND SAUCE	\$ _____	_____
		\$ _____	_____

***TOTAL CASES PURCHASED =** _____

TOTAL REBATE = _____

TERMS & CONDITIONS

- ❑ This offer applies to foodservice operators only. **Offer ends December 31, 2008.**
- ❑ Operators on chain or group discount programs do not qualify. Bid purchases are also excluded.
- ❑ Checks will be made payable to companies and organizations only.
- ❑ Applies only on eligible Campbell's® Frozen Entrées purchased between **September 15, 2008 and December 31, 2008.**
- ❑ We will determine your rebate based on the equal or lowest case price you paid.
- ❑ Limit of one rebate claim per location. Multiple Chains will be rejected. Chains and Franchises must participate on an individual unit basis.
- ❑ Submission of this original claim form must be accompanied by proof(s) of purchase in the form of distributor invoices with eligible products highlighted. No handwritten invoices accepted.
- ❑ All submissions must be postmarked by **January 15, 2009.** We are not responsible for lost, late or misdirected submissions. Submissions which are not properly completed or which do not have the required proofs of purchase shall be disqualified.
- ❑ This coupon cannot be duplicated, assigned, or transferred by any operator.
- ❑ Offer good only in U.S.A. Void where taxed, restricted or prohibited.
- ❑ This offer may not be combined with any other coupon offer on same items during the same period.
- ❑ Allow 4-6 weeks for rebate.

MAIL MY REBATE TO: *(Please print clearly)*

Name of Establishment: _____

Your Name: _____

Title: _____

Street Address: _____
No P.O. Box #'s Please

City: _____ State: _____

Zip Code: _____ Business Phone #: _____

Email Address: _____

Distributor: _____

City: _____ State: _____

DSR's Name: _____

CFS REP'S NAME/BROKERAGE NAME:

For questions regarding this rebate or products, please contact your local representative or call 1-800-879-7687.

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Send Claim to: CAMPBELL'S ENTRÉE SAVINGS, P.O. Box 29570, San Antonio, TX 78229