Glucerna® Great Taste Guarantee Money Back Guarantee Refund Request Form



Glucerna® Original Shakes	Rich Chocolate	Homemade Vanilla	Creamy Strawberry
Glucerna® Protein Smart Shakes	Chocolate	Vanilla	
Glucerna Hunger Smart® Shakes	Classic Chocolate	Classic Vanilla	Classic Strawberry
Glucerna Hunger Smart® Meal Size Shakes	Classic Chocolate	Classic Vanilla	
Glucerna Hunger Smart® Powder	Classic Chocolate	Classic Vanilla	
Glucerna® Snack Bars	Dark Chocolate Almond	Crispy Oats & Nuts	
Glucerna® Mini Treats	Chocolate Peanut	Chocolate Caramel	
Glucerna® Snack Shakes	Rich Chocolate	Homemade Vanilla	
REASON FOR REFUND:			
MAIL REFUND TO:			
Date Purchased:			
First Name:			
Last Name:			
Address:			
City:			
State:			
Zip:			

Glucerna® Great Taste Guarantee Money Back Guarantee Refund Request Form



Email Address:	
Note: email address will be used	to confirm refund.
Refund request must be postma	arked within 30 days of purchase.
Purchase amount: \$	

To request your refund, send in:

- Your UPC from your Glucerna packaging
- Your original register receipt with purchase price (maximum refund of \$15.00 USD)
- Also, circle any discount that applies
- This completed Money Back Guarantee refund request form mailed to the following address:

Abbott Nutrition PO Box 68 Plover, WI 54467-9800

ATTN: Glucerna Great Taste Guarantee

Official Rules for Glucerna Great Taste Guarantee Terms and Conditions

- 1. LIMIT ONE REFUND PER HOUSEHOLD.
- 2. Refund for purchase NOT TO EXCEED NORMAL RETAIL PRICE, including tax.
- 3. Limited to purchases and reimbursement requests made within the 50 United States and Washington, D.C.
- 4. Money Back Guarantee applies to a refund on one purchase per household. Therefore, if multiple purchases are made on the same receipt or at different times, only one purchase will qualify (maximum refund price \$15.00 USD).
- 5. Must apply for Money Back Guarantee through Abbott Nutrition. The Money Back Guarantee cannot be honored by retailers.
- 6. Refund request can be made on the preprinted form or on a sheet of paper. We appreciate you telling us the reason for your request. Mail refund request, including name, address, UPC from your Glucerna packaging, and original register receipt with purchase price circled (also circle discount if applicable) to: Abbott Nutrition PO Box 68 Plover, WI 54467-9800, ATTN: Glucerna Great Taste Guarantee.
- 7. Refund request must be postmarked within 30 days of purchase.
- 8. No group or organization requests will be honored.
- 9. Not responsible for undelivered, stolen, damaged, or postage due requests.
- 10. Fraudulent, incomplete, or illegible requests will not be honored.
- 11. All refunds will be made by check.
- 12. Please allow 4-6 weeks for delivery of refund check.
- 13. Void where prohibited.
- 14. For more details call 1-877-745-8237.