

# Weight Watchers® Cheese

## Great Taste GuaranCheesed Money Back Guarantee Claim Form

*Please complete the below form and return it enclosing your original, dated, cash register receipt to:*

Take The Great Taste Challenge Offer  
PO Box 7458  
Wilton, CT 06897-7458

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1 (no PO Boxes): \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Submission must include this completed Claim Form and original, dated, cash register receipt.

Offer valid on purchases made between 1/1/18 and 3/31/18. Refund is for the purchase price (excluding sales tax), not to exceed \$4.15. Subject to complete offer terms and conditions available at [www.TakeTheGreatTasteChallenge.com](http://www.TakeTheGreatTasteChallenge.com). Void where prohibited. Limit 1 refund per person/household.

This Offer is brought to you by Schreiber Foods, Inc., which is solely responsible for this Offer. Weight Watchers International, Inc. is not responsible for this Offer in any way.

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