



*Mail this form and a copy of
the original receipt to:*

Valspar Corporation
Attention: C. Wolfe
1000 Lake Road
PO Box 708
Medina, OH 44258

Shipping Address for Glasses and Shirt:

Name: _____

Street Address: _____

City: _____ State: _____

Zip _____

Available for orders placed September 11, 2009 to November 21, 2009

Must be submitted to Valspar by December 1, 2009

Please allow 4-6 weeks for delivery

