

WALMART PURCHASE INFORMATION:

1. Identify the Pennsylvania Walmart Store location(s) (up to 4) where you made a purchase between June 8, 2007 and April 15, 2015.

(City, State)

(City, State)

(City, State)

(City, State)

2. Did you pay sales tax during at least one visit?

____ Yes ____ No ____ Don't Know

3. Did you use a coupon during at least one visit to one or more of the Pennsylvania Walmart stores listed above?

____ Yes ____ No

4. Which category of item(s) did you use the coupon to purchase (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Automotive Supplies and Services | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Candy and Gum | <input type="checkbox"/> Paper Goods |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Pet Food |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Prepared Foods (sandwiches, hot foods, salad bars, etc.) |
| <input type="checkbox"/> Cosmetics or Toiletries (other than toothbrushes) | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Craft Supplies | <input type="checkbox"/> Soaps and Detergents |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Soft Drinks (including carbonated or flavored water) |
| <input type="checkbox"/> Food (other than precooked or prepared foods) | <input type="checkbox"/> Sporting Goods |
| <input type="checkbox"/> Hair Goods | <input type="checkbox"/> Water (non-carbonated, non-flavored) |
| <input type="checkbox"/> Household Goods, Supplies, and Housewares | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Infant Supplies (bibs, diapers, diaper cream, formula, etc.) | _____ |
| <input type="checkbox"/> Luggage/Handbags/Wallets | _____ |

EMAIL ADDRESS FOR ELECTRONIC GIFT CARD:

You must provide a valid email address to receive an electronic Gift Card (if your claim is approved).

@ _____ . _____
Email Address

____ Check here if you prefer to receive a physical Gift Card in the mail at the physical address you listed above.

ACKNOWLEDGEMENT:

I affirm, **under penalty of perjury**, that the information I have provided on this Claim Form is true and correct to the best of my knowledge, and that this is the only Claim Form that I have submitted. I further understand, acknowledge, and agree that I am eligible to receive only **ONE** payment from this Settlement based on my eligibility as a Class Member.

I further understand, acknowledge, and agree that the amount I will receive shall be calculated in accordance with the terms of the Settlement Agreement, and will be subject to the terms of the Settlement Agreement, including the Release of Claims as more fully described in the Settlement Agreement.

Print Name: _____

Signature: _____

Date: _____

Submit your completed Claim Form by U.S. mail to the following address:

Walmart Coupon Class Action Settlement
Claims Administrator
c/o A.B. Data, Ltd.
P. O. Box 173053
Milwaukee, WI 53217

To be timely, your Claim Form must be submitted to the Claims Administrator by **November 22, 2018**.