

REFER•A•FRIEND

Do you have a friend that is a smoker 21 years of age or older that would like to receive future Merit mailings? If so, please have them fill out this card and mail. This may entitle them to be included in all upcoming offers.

☐ Mr.
☐ Ms.
☐ Mrs.

First _____ MI _____ Last _____

Address _____

Apt. # _____

City _____

State _____

ZIP _____

Phone(_____) _____

☐ Male
☐ Female

By responding to the following survey and signing below, I certify that I am a cigarette smoker 21 years of age or older. I am also willing to receive free samples of cigarettes and incentive items in the mail, subject to applicable state and federal laws.

Signature (required) X _____

Birthdate _____

Month _____ Day _____ Year _____

1. What is your regular brand of cigarettes—that is, the brand you smoke most often? _____

(brand name)

2a. Is your regular brand...? (Check one.) ☐ Regular/King Size ☐ 100's or ☐ 120's

2b. Is your regular brand...? (Check one.) ☐ Menthol or ☐ Non-Menthol

2c. Is your regular brand...? (Check one.) ☐ Filter or ☐ Non-Filter

2d. Is your regular brand...? (Check one.) ☐ Lowest/1 mg Tar ☐ Ultra/Extra Low Tar
☐ Light/Mild ☐ Medium ☐ Full Flavor

3. What, if any, was your previous brand? _____

(brand name)

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