



Canadian
Media Circulation
Audit

MAIL PAID SUBSCRIBER'S RECEIPT

FORM P
OPTIONAL
for PAID

Name of Newspaper _____

Number _____	Date _____		
Received the Sum of _____		Dollars	
For Subscription for _____	From _____	To _____	
For	Name _____		
	Address _____		

Gift From		<input type="checkbox"/> Cash	<input type="checkbox"/> New
Name _____		<input type="checkbox"/> Cheque	<input type="checkbox"/> Renewal
Address _____		Per: _____	
Code _____			

Number _____	Date _____		
Received the Sum of _____		Dollars	
For Subscription for _____	From _____	To _____	
For	Name _____		
	Address _____		

Gift From		<input type="checkbox"/> Cash	<input type="checkbox"/> New
Name _____		<input type="checkbox"/> Cheque	<input type="checkbox"/> Renewal
Address _____		Per: _____	
Code _____			