



NONPROFIT
COMPENSATION
ASSOCIATES

FAIR PAY FOR SOUTHERN CALIFORNIA NONPROFITS:
THE 2024 COMPENSATION AND BENEFITS SURVEY

Business & Individuals Order Form

Contact information:

Contact Name _____ Contact Title _____

Contact Email _____ Organization _____

Executive Director/CEO _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Payment:

VISA Credit Card Number _____ Expiration Date _____

MasterCard

AMEX 3 or 4 digits on back of Visa/MC and front of Amex _____

Check enclosed

Name on Card _____ Billing Address of Card _____

Amount:

\$795.00

Submit Your Order:

Mail form with check to: Nonprofit Compensation Associates, Inc.
P.O. Box 10737
Oakland, CA 94610

If you have questions, email survey@nonprofitcomp.com or call 510-645-1005.