NONPROFIT COMPENSATION ASSOCIATES

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

Non-Participant 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:

The price depends on your organization's total annual expenses:

Your organization's total annual expenses	Non-participants
Less than $1 million	$270
$1 – $5 million	$420
More than $5 million	$570

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.