



NONPROFIT  
COMPENSATION  
ASSOCIATES

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

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	2024 survey report price for participants
Less than \$1 million	\$100
\$1 – \$5 million	\$155
More than \$5 million	\$210

**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](mailto:survey@nonprofitcomp.com) or call 510-645-1005.