



NONPROFIT
COMPENSATION
ASSOCIATES

FAIR PAY FOR SOUTHERN CALIFORNIA NONPROFITS:
THE 2025 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.