



NONPROFIT  
COMPENSATION  
ASSOCIATES

FAIRPAY FOR NORTHERN CALIFORNIA NONPROFITS:  
THE 2017 COMPENSATION AND BENEFITS SURVEY

Business & Individuals Order Form

**Contact information:**

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_ Organization \_\_\_\_\_

Executive Director or Agent \_\_\_\_\_

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:**

\$820.00

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