



NONPROFIT  
COMPENSATION  
ASSOCIATES

FAIRPAY FOR NORTHERN CALIFORNIA NONPROFITS:  
THE 2018 COMPENSATION AND BENEFITS SURVEY

Non-Participant 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:**

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

Your organization's total annual expenses	Non-participants
Under \$500,000	\$180
\$500,000 – 1 million	\$270
\$1 – 2 million	\$360
\$2 – 5 million	\$450
Over \$5 million	\$540

**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.