



FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS:
THE 2019 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 or call 510-645-1005.