



FAIRPAY FOR NORTHERN CALIFORNIA NONPROFITS:  
THE 2010 COMPENSATION AND BENEFIT SURVEY

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 \_\_\_\_\_  
 MasterCard Expiration Date \_\_\_\_\_ 3 or 4 digits on back of card \_\_\_\_\_  
 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	Survey participants paying after March 26, 2010	Non Participants
Under \$500,000	\$50	\$150
\$500,001 – 1 million	\$75	\$225
\$1 – 2 million	\$100	\$300
\$2 – 5 million	\$125	\$375
Over \$5 million	\$150	\$450
Businesses and Individuals	\$750	\$750

**Submit Your Order:**

Mail form with check to: Nonprofit Compensation Associates  
 P.O. Box 10737  
 Oakland, CA 94610

If you have questions, email [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com) or call 510-645-1005.