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Nonprofit Salary Survey Order Form

2nd Printing

Please complete all fields

Contact Name: _____ Date: _____

Organization Name: _____

Address: _____

City: _____ ZIP: _____

Telephone: () _____ Fax: () _____

Email: _____

Member Price **\$75***
Non-Member Price **\$200***
**Sales tax included*

2007 Nonprofit Salary Survey Report Quantity _____

Shipping & Handling \$5.00 each

Total _____

METHOD OF PAYMENT

Check or money order payable to: _____ Please bill me

Oklahoma Center for Nonprofits

Visa MasterCard Charge My Credit Card \$ _____

Card Number: _____ Exp. Date: _____

Signature (as it appears on your card): _____