



Order Form

2004 Report on Wages & Benefits in Maine's Nonprofit Organizations

Company Name

Address

City State Zip

Phone Fax

Web Site Address

Name & Job Title of Primary Contact

We are a MANP Member or Friend.

We are not a MANP Member or Friend.

	Number of Reports	Cost	Extension
	Total Enclosed		
If Paying By Check: Check # _____ Amount _____	If Paying By Credit Card: Circle One: Visa MasterCard Credit Card # _____ Expiration Date _____		
Report Cost: Non-participating Members & Friends: \$150 Non-participating Non-members: \$300			

Signature of Primary Contact

Date

For more information, please contact Brenda Peluso at 871-1885 or bpeluso@nonprofitmaine.org