



ORANGE COUNTY  
ESTATE PLANNING COUNCIL

**2022 Meeting Sponsor Form**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Available Dinner Meeting Dates:**

*March 15, May 24, July 26, September 27, November 15*  
Pacific Club | Newport Beach  
Registration – 5:30 p.m. – Dinner – 6:00 to 8:00 p.m.

**NEW in 2022! Two Sponsorships available at each dinner meeting.**

Cost is \$600 per sponsor or \$1000 for sole sponsorship.

Yes, I would like to be a dinner meeting sponsor on:

March 15  May 24  July 26  September 27  November 15

@  \$600 or  \$1,000

**Sponsor Benefits-Dinner Meeting:**

- Link from your logo on our website Patron page to your company website
- Logo and contact info in printed member directory
- 6' display table
- Seating at the Presidents table for dinner
- Complimentary dinner for one ~ additional guest at \$50 per person
- Introduction at the beginning of dinner meeting and opportunity to speak for 2 minutes about your company programs.

**TOTAL ENCLOSED:**

Meeting sponsorship @ \$600 or \$1,000 \_\_\_\_\_

TOTAL \_\_\_\_\_

**Thank you for your continued support of OCEPC.**

If you have any questions, please call Gail James Clarke, at: (714) 441-8951, ext. 4

Or E-mail at: [gjmgmt@yahoo.com](mailto:gjmgmt@yahoo.com)

**PAYMENT DUE: On or before the meeting date.**

Please make checks payable to: OCEPC

Mail to: Orange Coast Estate Planning Council

1442 E. Lincoln Ave., PMB 441

Orange, CA 92865-1934

**OCEPC Association Office**

Gail James Clarke

Tel: (714) 441-8951, ext. 4

Fax: (858) 408.2671

[gjmgmt@yahoo.com](mailto:gjmgmt@yahoo.com)

OR: Complete credit card authorization form on the backside and email/fax to the OCEPC office.

**Make all checks payable to OCEPC**

OR, if you prefer to pay with a credit card, please complete and fax/email back to the Council office.

Amount to be charged: \_\_\_\_\_

Charge my credit card:  American Express  MasterCard  Visa

Credit Card No: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address, City, Zip \_\_\_\_\_

Contact the Council Office with any questions: (714) 441-8951, ext. 4