

Tsawwassen Springs 2020 Festival of Lights

Tsawwassen Springs is delighted to announce our second annual Festival of Lights, sponsored and decorated by families, community groups and businesses. The sponsorship of the Christmas trees on beautiful Tsawwassen Springs golf course will raise funds for Delta Hospital and Community Health Foundation to purchase a new much needed Colonoscope.

Our family friendly community event is a wonderful opportunity to wander through our beautifully decorated forest of trees and spread infectious spirit and the goodwill of the holiday season.

2020 Festival of Lights

November 27, 2020 to January 1, 2021

Tsawwassen Springs Golf Course

5133 Springs Blvd Tsawwassen, BC V4M 0A2

FEE: \$125. The Festival Fee includes the tree and sponsor name sign.

DONATION: Suggested donation of \$250 payable to the Delta Hospital and Community Health Foundation

TIME TO DECORATE: November 24-26, 2020

HOW TO DECORATE: Use only CSA approved LED lights, **make sure to use waterproof or weather resistant decorations and wire them securely to your tree.** Also be creative!

TAKE DOWN: Please be sure to remove all lights and decorations from your tree from January 2nd to January 4th, 2021. Material left on the trees after January 4th will be disposed of as property of the Tsawwassen Springs.

BY SPONSORING A TREE YOU WILL RECEIVE:

- A Christmas tree **generously donated by Harris Nursery**
- A place in the forest of trees in the Festival of Lights
- Personalized sponsor sign in front of your tree
- A power outlet at the base of your tree
- Sponsor name listed on Tsawwassen Springs website
- Sponsor link promoted through Tsawwassen Springs, Pat Quinn's and Delta Hospital and Community Health Foundation social media

Please complete and return the form to jill@tsawwassensprings.ca

Your support of Delta Hospital and Community Health Foundation is greatly appreciated.



TREE SPONSOR INFORMATION FOR SIGNAGE (please print clearly)

Name: _____

Company (As it will appear on signage): _____

Address: _____

City: _____ Postal Code: _____

Phone: (_____) Email: _____

FESTIVAL FEE PAYMENT: \$125

Cheque to *TGCC Management LLP* VISA MasterCard AMEX

Credit Card Number: _____ Exp. ____/____

Name on the Card (personal or company): _____

Signature: _____

DONOR INFORMATION (IF DIFFERENT FROM SPONSOR INFO) (please print clearly)

Name: _____

Company: _____

Address: _____

City: _____ Postal Code: _____

Phone: (_____) Email: _____

DONATION AMOUNT: \$ _____

Cheque payable to *Delta Hospital and Community Health Foundation* VISA MasterCard AMEX

Credit Card Number: _____ Exp. ____/____

Name on the Card (personal or company): _____

Signature: _____

All donations will receive a charitable tax receipt. Charitable Business Number - 12984-4114-RR0001

