

MOON
LIGHT
GALA



**AUCTION DONOR
OPPORTUNITIES**

**NOVEMBER 8TH, 2025
TSAWWASSEN SPRINGS**



Delta Hospital
+ Community Health
FOUNDATION

AUCTION DONOR OPPORTUNITIES

MOON
LIGHT
GALA



2025 GALA COMMITTEE

CO-CHAIRS

Sarah Gallop
Natalie Walker

MEMBERS

Tanya Armstrong
Jas Johal
Pindi Mann
Carolyn Scott
Jennifer Wheeler

DHCH FOUNDATION

Lisa Hoglund, CFRE
Executive Director




Khara Robertson
Event Producer

We invite you to take advantage of this opportunity to be a valued and highly promoted auction donor for Delta Hospital and Community Health Foundation's largest signature fundraising event, our 26th Annual Moonlight Gala.

On Saturday, November 8th 2025, we will welcome back our donors in support of an evening dedicated to improving the health of all who live and work in Delta. This creative black-tie event brings together more than 350 business, community, government, and medical leaders unified in their dedication to enhancing the health and well-being of Delta's residents. Guests will enjoy an evening of community spirit, live and silent auction excitement, fine dining, and unique entertainment.

For 26 years, the Delta Hospital and Community Health Foundation has hosted the Moonlight Gala. This event raises funds for critically needed medical equipment and capital projects at the Delta Hospital Campus of Care, including Irene Thomas Hospice and Mountain View Manor. With the support of generous individuals and businesses, like yours, the gala has cumulatively raised \$7.7 million for the hospital.

As an auction contributor you will receive:

-  Connection to a long-standing, prestigious gala for a cause that touches all who live and work in Delta.
-  Your name/products/services/destination where it counts - in front of 350+ business and community leaders in the room plus our online supporters.
-  A week of recognition and promotion of your donation through our online auction site where all event participants must go to register, buy raffle tickets, donate to Fund a Need, and bid on exciting auction items and experiences.

In the enclosed package you will find full details of the benefits and recognition available to our auction donors and a form to complete when you are ready to commit.

We hope you decide to become an important part of this essential fundraiser event for our hospital. With your support we can provide our dedicated healthcare staff with the tools they need to help ensure the best of health for all who live and work in Delta.

Thank you for your consideration.
Delta Hospital and Community Health Foundation



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5800 Mountain View Boulevard Delta, BC V4K 3V6
dhchfoundation.ca | T: 604.940.9695 | E: events@dhchfoundation.ca
Charitable Registration #12984-4114-RR0001

AUCTION DONOR BENEFITS & RECOGNITION



RECOGNITION OPPORTUNITIES	DIAMOND \$5,000 + TOTAL VALUE	RUBY \$3,000 - \$4,999 TOTAL VALUE	EMERALD \$1,500 - \$2,999 TOTAL VALUE	SAPPHIRE \$150 - \$1,499 TOTAL VALUE
# of complimentary seats (value \$450 per seat)	2			
Verbal recognition from podium	★			
Logo on social media post	★	★		
Recognition on multimedia slide loop during dinner	Logo	Logo	Name	
Recognition as auction donor in digital event program	Logo	Logo	Logo	Name
Recognition as auction donor on event signage	Logo	Logo	Logo	Name
Recognition as auction donor with promotion of product/ service/ experience on the auction/ ticketing website and auction display at the event	★	★	★	★
Recognition & link on Foundation's event webpage	Logo	Logo	Logo	Name

Please note in order for us to efficiently and effectively make these auctions a success for our hospital, we kindly request single items/experiences or gift basket with a minimum value of \$150.



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AUCTION DONOR FORM (PAGE 1 OF 2)



Please have this form completed and all tangible items, certificates, logos, and photos to events@dhchfoundation.ca **by Friday, October 3rd, 2025.**

YOUR CONTACT INFORMATION

Donor Recognition Name (for marketing materials): _____

Company Name (for business receipt): _____

Contact: Mr. Ms. Mrs. Dr. Title: _____

First Name: _____ Last Name: _____

Main Contact (if different from above): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Website Address (for link from our website): _____

Social Media handles (for us to tag you): _____

Facebook: _____ Instagram: _____ LinkedIn: _____

CASH AUCTION DONATION

Enabling Delta Hospital and Community Health Foundation to purchase auction items/ experiences that are popular with our attendees. Cash contributions will receive a full charitable tax receipt in lieu of the marketing benefits noted on page 2.

\$150 \$250 \$350 \$500 Other \$ _____

CASH AUCTION DONATION PAYMENT METHOD

Please select your method of payment.

Cheque (Payable to Delta Hospital and Community Health Foundation)

Credit Card (a secure payment link will be emailed to you)

[continued on next page >](#)

AUCTION DONOR FORM (PAGE 2 OF 2)

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AUCTION ITEM DONATION

AUCTION DONATION (Tangible Item, Gift Certificate, Experience)

Donation Description – please provide detailed information for promotional purposes:

VALUE: \$ _____ CRA requires proof of fair market value for all auction items. Please send any receipts, invoices or appraisals that support the fair market value.

Restrictions on Donated Item/Experience (example: expires by, not including X dates, etc.):

PHOTO: If you have a photo that shows or depicts the donation, please send with form to events@dhchfoundation.ca otherwise a photo will be chosen by the Foundation.

DELIVERY FOR TANGIBLE ITEMS

I will deliver to the Foundation **by Friday, October 3rd 2025.**

I wish to have my item picked up by the Foundation. Item will be ready on this date: _____

Is your gift valued at \$1,500 + (Diamond, Ruby, or Emerald level)? Please send us your high-resolution logo, preferably in vector (.ai, or .eps), **by Friday, October 3rd 2025.**

YOUR DONATION AGREEMENT

Thank you for your donation. Please note that Delta Hospital and Community Health Foundation reserves the right to package any donation with other items, promote the donation auction, or use as a prize. If, as is rarely the case, an item is not bid upon, the item may be used as an auction item or prize at a future event benefiting Delta Hospital and Community Health Foundation. All works of art, antiques, jewelry and rare/unique items require special consideration and approval. Please contact our Foundation for further details.

I _____ (full name), agree on _____ (date) to the terms and conditions of this auction donor agreement and verify that the above information is correct.

Thank you for your generous donation!



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