



March 14, 2026





March 14, 2026 6:30 to 10:30 pm



It's a Latin-infused night of friends, fortune, and fun with Casino-style gaming for real money and music. Test your skill and luck with Black Jack, Poker, Roulette, and more. Proceeds benefit KHF which serves those in Kentucky with bleeding disorders.

Doors open at 6:30 pm ~ Mexican-style Buffet Dinner is served at 7:00 pm
Also enjoy: Silent Auction Items ♦ 50/50 Raffle ♦ Grand Prize Drawing ♦ Cash bar available
♦ Cocktail Hour and Dinner Entertainment ♦ Dancing to Popular Latin Music and Gaming

Kosair Shrine Center, 4120 Bardstown Road, Louisville, KY 40218
Evening casual attire is requested.

- ♦ Individual Tickets \$75 — Couples \$140 (unassigned seating)
♦ Preferred Seating for Six — \$1,000 (designated table)
incl. Mexican buffet dinner, complimentary wine during dinner, 2 complimentary drink tickets per person
♦ After dinner Walk-Ins \$50 — incl. 1 complimentary drink ticket

RSVP by February 27, 2026. For tickets call 502-456-3233, email info@kyhemo.org, fax 502-456-3234, or go to www.kyhemo.org

Table Sponsor Packages

Rumba Loca \$5,000
(Premium Seating for 6, full-page program ad, prominent table signage)

Salsa Bella \$2,500
(Seating for 6, 1/4-page program ad)

Mambo Bueno \$3,500
(Seating for 6, 1/2-page program ad)

All table sponsors receive verbal and written acknowledgement at event, table signage, and post-event written acknowledgement in KHF newsletter. For package details, contact KHF at 502-456-3233 or info@kyhemo.org or go to www.kyhemo.org. Table sponsors Friday, February 27, 2026

For payment options or a donation only, please mail or fax this reply stub. RSVP by February 27, 2026

- Rumba Loca \$5,000 Mambo Bueno \$3,500 Salsa Bella \$2,500 Preferred Seating for Six \$1,000
Couple \$140 Individual Tickets \$75 x \_\_\_\_ = \_\_\_\_\_ After-Dinner Walk-In \$50 X \_\_\_\_ = \_\_\_\_\_

Sponsorship contributions over the fair market value of \$55 per person are tax deductible.

I/We cannot attend this year. Enclosed is a contribution of \$ \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check Enclosed (made payable to: Kentucky Hemophilia Foundation) \$ \_\_\_\_\_ Or pay online via PayPal at www.kyhemo.org

Please charge my: Visa MasterCard American Express Discover

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_ Signature: \_\_\_\_\_