



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. **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 – Gustavo's Mexican Grill Buffet is served at 7:00 pm
Also enjoy: Silent Auction Items ♦ 50/50 Raffle ♦ Grand Prize Drawing ♦ Cocktail Hour and Dinner Entertainment ♦ Dancing to Popular Latin Music by Miki Galban del Val and Alys Alfonso

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 March 6, 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 \$2,750

(Seating for 6, ¼-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, March 6, 2026**

For payment options or a donation only, please mail or fax this reply stub. RSVP by March 6, 2026

Rumba Loca \$5,000 Mambo Bueno \$3,500 Salsa Bella \$2,750 Preferred Seating for Six \$1,000

Couple \$140 Individual Tickets \$75 x ____ = _____ After-Dinner Walk-In \$50 X ____ = _____

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: _____

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