



March 7, 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](mailto:info@kyhemo.org),  
fax 502-456-3234, or go to [www.kyhemo.org](http://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](mailto:info@kyhemo.org) or go to [www.kyhemo.org](http://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 \_\_\_\_\_ = \_\_\_\_\_

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](http://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.