



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)

• *Mambo Bueno* \$3,500

(Seating for 6, 1/2-page program ad)

• *Salsa Bella* \$2,750

(Seating for 6, 1/4-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 \$_____

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

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: _____

Kentucky Hemophilia Foundation • 1850 Taylor Avenue #2 • Louisville, KY 40213-1594 • 502-456-3233 • 800-582-(CURE) 2873
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