



## TakeDown Cancer Donation Form

School Name \_\_\_\_\_

School address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Event \_\_\_\_\_

Teams involved in the event  
\_\_\_\_\_

Total Amount Donated: \_\_\_\_\_

Please send the above information along with the check (written to "RSCRSF") from your school to our Foundation Office at:

**The Randy Shaver Cancer Research and Community Fund**

**Parkdale Plaza**

**1660 S. Highway 100**

**Suite #335**

**St. Louis, Park, MN 55416.**  
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For more information visit our **TAKEDOWN CANCER** WEBSITE AT  
[www.takedowncancer.org](http://www.takedowncancer.org)

or Randy Shaver's Foundation Website is:

[www.randyshavercancerfund.org](http://www.randyshavercancerfund.org)

If should have any questions, please feel free to call Rhonda at 952-473-1778