

ANZSA thanks you for your support. You are funding stillbirth research, the improvement of clinical practice as well as programs that increase awareness of stillbirth. Together we can reduce the rate of stillbirth in Australia and New Zealand. Thank you for creating change with us.

Personal Details:

Name: _____
Address: _____
Postcode: _____ State: _____ Telephone: _____
Email: _____

I do not wish to be on the ANZSA mailing list

I would like to donate:

\$100 \$50 \$20 Other _____

Payment Details:

I would like to pay by:

Cheque

(Payable to: *The Australian and New Zealand Stillbirth Alliance Ltd*)

Money Order

Credit-card

Visa

Mastercard

Card Number: _____

Cardholders Name: _____

Signature: _____ Expiry Date: _____

EFT

Account Name: The Australian and New Zealand Stillbirth Alliance Ltd

Bank: ANZ

BSB: 014278

Account Number: 8356 12048

Customer Reference: Your full name

Please return to:

**ANZSA Secretariat
Level 2, Quarters Building
Annerley Road
Woolloongabba
QLD 4102**

Or

Fax to: (07) 3163 1588

Optional

I would like to donate to ANZSA in remembrance of _____
_____ who was born on _____

I would like to commemorate this baby on the ANZSA website