

Did you remember to:

1. Fill out the “New Generation” brick form?
2. Include your payment?
3. Tear off return envelope at perforation and seal for return mailing?

Thank you!

In quarterly patient satisfaction surveys (conducted by an independent, national research company), MidState consistently rates among the top hospitals in Connecticut and the nation. Conveniently located just minutes off Rte. 691 in Meriden, CT, MidState offers free and safe parking, as well as private inpatient rooms. Services include general surgery, emergency medicine, and state-of-the-art care in centers dedicated to Cancer Care, Wound and Hyperbaric Care, Family Birthing, Sleep Care, Digestive Health, and Cardiac Care.

For more information, or to answer any questions you may have, please do not hesitate to call the Development Office at 203 694 8741. Thank you, your generosity is greatly appreciated!

www.midstatemedical.org



435 Lewis Avenue
Meriden, Connecticut 06451



Buy a brick

for the next generation.



RELIVE TODAY'S JOY FOREVER!

Your family can relive today's joy for generations to come. MidState Medical Center's family was with your family before and during the blessed event and has created a way to make these memories last into the future.

MidState is dedicating a special area of its Tribute Walkway to accommodate "New Generation" engraved bricks. In this special area, a brick will commemorate the name and birth date of your family's newest addition. The brick will be there in perpetuity, for you—and everyone—to see and remember the joy of this occasion.



To help us make this program possible, we are asking for a \$250 contribution to MidState Medical Center to support the finest in "New Generation" healthcare for your family, friends and neighbors.



After filling out brick form, please tear off form at the perforation above and fold form in half. Enclose check or choose payment method. To seal return envelope, moisten and fold glue strip, then affix to envelope.



Fold here

"NEW GENERATION" BRICK FORM

Information to appear on brick:
(only 13 characters including spaces)

Name: _____
 First Middle Last

Birthdate: _____
 Month/Day/ Year

"New Generation" brick - \$250

- I/We would like to purchase brick(s)
- I/We do not wish to participate in the "New Generation" program at this time, but would like to make a contribution of \$_____.

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Enclosed is my/our payment of \$_____.

Cash Check Credit Card

MasterCard Visa

Card #: _____ Exp. Date: _____

Signature: _____

My/our tax-deductible contribution will support MidState Medical Center's Family Birthing Center.