



CONGREGATION  
**Beth Shalom**  
The Center of Jewish Life in the Napa Valley

## Tree of Life Leaf Order Form

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Inscription (i.e., In Honor of):

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Fee is **\$180.00**. Make check payable to Congregation Beth Shalom and mail to CBS.

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Napa, California 94559  
707-253-7305  
Email: [office@cbsnapa.org](mailto:office@cbsnapa.org)