



CONGREGATION BETH SHALOM
OF NAPA VALLEY
A Community Jewish Center

Tree of Life Leaf Order Form

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

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

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

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