



Tree of Life Leaf Order Form
(Please use one form for each leaf ordered)

Ordered By: _____

Telephone #: _____ E-Mail: _____

Family Name: _____

Address: _____

Exact copy to be inscribed on leaf (Up to 100 characters, including spaces.)

If you would like to reserve a group of leaves near each other, please let us know, other wise they are randomly placed on the tree: _____ (How many leaves in total) _____

_____ Yes, I would like an acknowledgement of this order to be sent to the family.

The letter should read:

Presented to: _____ By: _____

I have enclosed a check for \$250 for each leaf, payable to Temple Har Shalom or

Please bill my credit card for \$_____ Visa/MasterCard

Card #: _____ Exp. Date: _____

Please bring this form to the Temple Har Shalom office
or mail/fax it to:

Temple Har Shalom
104 Mount Horeb Rd.
Warren, NJ 07059
Fax: 732-356-0580

The leaf orders take a few weeks to process.