

Your contribution will help Independent Living Choices provide services to people with disabilities who make independence their choice.

**Thank you for your support of our work and contribution to a great cause.**

Make all checks payable to Independent Living Choices.

Enclosed is my gift of \$\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Please send additional information about Independent Living Choices

Ways to include Independent Living Choices in my will.

Independent Living Choices  
4107 S Carnegie Circle  
Sioux Falls, SD 57106