

Notice - Overdue Balance



OVERDUE ALERT: This message is to let you know that your account has an invoice or balance of **45 days or more past due**. At **60 days** overdue, your account will be suspended.

Please have your organization's billing contact reach out to us **via email** at billing@neonone.com for more information.

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Blair Elder #21004
Last edited by Jason Cline on Jan 24, 2022 at 5:43 PM

Messages Notes

4.7/5

Generosity Indicator

4/5

Affinity

5/5

Recency

5/5

Frequency

5/5

Monetary Value

All Time
Annual
Fiscal

<p>\$105.09</p> <p>Donations</p>	<p>0.00</p> <p>Volunteer Hours</p>	<p>\$980.00</p> <p>Event Registrations</p>
<p>4</p> <p>Event Attendance</p>	<p>\$0.00</p> <p>Memberships</p>	<p>\$0.00</p> <p>Soft Credits</p>
<p>\$0.00</p> <p>Store Purchases</p>		

All Time Generosity Total **\$1,085.09**

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NAME	
First	Blair
Middle	—
Last	Elder
Preferred	Blair
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	—
Birthday	Sep 29, 2010
Login	Jelder79 <small>Last logged in: Dec 9 at 8:37 PM</small>
Login Confirmed	—

CONTACT	
Phone	(713) 244-4099
	—
	—
	—
	Fax
	—
	SMS/MMS Number
Email	jelder@momentumminerals.com
	—
	—
Address	<div style="display: flex; justify-content: space-between; align-items: center;"> Copy Map </div> <p>11931 BROKEN BOUGH DR HOUSTON, TX 77024</p> <p>—</p> <p>County</p>
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	

Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Reason	—	Are you registering with ASPNM as a	—
Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Mom
Emergency Contact Name	Elizabeth Elder	Start year with ASPNM	—
Emergency Contact Phone Number	7135157247	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	Google	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Height	4
Have you ever taught Adaptive Sports of any kind?	—	Weight	40
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Developmental Disability Hearing impairment - partial
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Leigh Syndrome, severe motor developme delays
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Do not know
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Gross Motor, Fine Motor, Speach
Summer Sports equipment owned?	—	Current activities	limited to wheelchair
Other sport skills/experience?	—	Medications	none
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	none
		Primary Care Physician name	Dr. Ann Kerr
		Primary Care Physician phone	7137824830