



Lennox Donaldson #24628

Last edited by Lennox Donaldson on Nov 5 at 8:16 PM



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4.4/5
 Generosity Indicator

4/5 Affinity
4/5 Recency
5/5 Frequency
5/5 Monetary Value

| | | |
|----------------------------------|--------------------------------|--|
| \$225.51 Donations | 0.00 Volunteer Hours | \$1,105.00 Event Registrations |
| 9 Event Attendance | \$0.00 Memberships | \$0.00 Soft Credits |
| \$0.00 Store Purchases | | |

All Time Generosity Total \$1,330.51

Configure Edit

| NAME | |
|------------|-----------|
| First | Lennox |
| Middle | — |
| Last | Donaldson |
| Preferred | Lennox |
| 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 | Male |
| Birthday | Nov 19, 2014 |
| Login | Jedifer2022 Last logged in: Nov 5 at 8:15 PM |
| Login Confirmed | — |

| CONTACT | |
|----------------|---------------------|
| Phone | (505) 307-2012 |
| Home | — |
| Work | — |
| Fax | — |
| SMS/MMS Number | (505) 307-2012 |
| Email | jedifer02@gmail.com |

| ADDRESS | |
|---------|---|
| Address | 945 Camino Vista Rio Bernalillo, NM 87004 |
| County | — |
| Online | — |

| GENERAL INFORMATION | |
|-------------------------------|---|
| SNOW BALL ASSIGNED SOLICITOR | — |
| 2022 SNOW BALL SPECIAL NOTES: | — |
| 2020 SNOW BALL SPECIAL NOTES: | — |
| Logo Pathway: | — |
| Preferred Contact Method | — |
| Preferred Contact Reason | — |

| DATA PRIVACY & CONSENT | |
|------------------------|-------|
| SMS/MMS | Given |

| ATHLETE | |
|---------------------------------------|---------|
| Parent/Guardian Name(s) (If under 18) | — |
| Are you registering with ASPNM as a | Athlete |

| | | | |
|--------------------------------|---------------|---|---|
| Texting ok at Phone 1? | Yes | Athlete contact person relationship to Athlete | Jennifer Donaldson |
| Emergency Contact Name | Jed Donaldson | Start year with ASPNM | — |
| Emergency Contact Phone Number | 5053072009 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | Prefer not to say |
| Interested in winter program | — | Ethnicity | Hispanic or Latino |
| Ski Area | — | Race | White |
| Staff Only: waiver due date | — | Military Service | None |
| | | DD-214 # | — |
| | | Are you considered a Wounded Warrior? | No |
| | | Date of Injury | — |
| | | Which Military Branch did you serve in (select all the apply) | — |
| | | Height | 52 |
| | | Weight | 58 |
| | | Type of Disability | Attention Deficit Disorder Autism |
| | | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Lennox is unaware of where his body is in The ADHD is supplemented with medicati |
| | | What type of skiing/riding do you think you will be doing | Stand Up Skiing |
| | | What functions are affected? | Unable to follow multiple commands at or Unaware of. Where body is and difficulty v tracking. |
| | | Current activities | Swimming, gymnastics, basketball |
| | | Medications | Dexamethapgonadalte Claritin |
| | | Seizures | No |
| | | If yes, date of last seizure | — |
| | | Food or medication allergies | No |
| | | Need to limit activities? | A lesson with many breaks. |
| | | Primary Care Physician name | High Desert Pediatrics |
| | | Primary Care Physician phone | +1 (505) 255-1866 |
| | | Health Insurance | Yes |
| | | Ability to sense cold | High tolerance to cold |

| | |
|---|-----------------------|
| VOLUNTEER | |
| Volunteer Interests | — |
| How did you hear about ASPNM? | Neighbor Bill Hartman |
| Why would you like to be a part of the ASPNM? | — |
| 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? | — |
| Have you ever taught Adaptive Sports of any kind? | — |
| Have you ever taught Skiing and/or Snow Boarding? | — |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — |
| PSIA or AASI certification (or other professional Snowsport certification) | — |
| Summer Sports certifications, skills, and years experience? | — |
| Summer Sports equipment owned? | — |
| Other sport skills/experience? | — |
| Non-sport Volunteer? | — |
| What skills do you have that you would consider contributing | — |