

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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Phoenix Milligan #26015
Last edited by Phoenix Milligan on Nov 28 at 8:30 AM

Messages Notes

4.3/5

Generosity Indicator



All Time Annual Fiscal

\$0.00

Donations

0.00

Volunteer Hours

\$720.00

Event Registrations

0

Event Attendance

\$0.00

Memberships

\$0.00

Soft Credits

\$0.00

Store Purchases

All Time Generosity Total \$720.00

Find account section



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| NAME | |
|------------|----------|
| First | Phoenix |
| Middle | — |
| Last | Milligan |
| Preferred | Phoenix |
| Prefix | — |
| Suffix | — |
| Salutation | — |

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

| ACCOUNT DETAILS | |
|-----------------|---|
| Type | — |
| Source | Online/Internet |
| Household | — |
| Employment | — |
| Gender | Male |
| Birthday | Mar 26, 2017 |
| Login | Michael.milligan25@yahoo.com Last logged in: Nov 28 at 8:30 AM |
| Login Confirmed | — |

| CONTACT | |
|---------|----------------|
| Phone | (505) 409-1951 |
| | — |
| | — |
| | — |
| | Fax |
| | (505) 409-1951 |
| | SMS/MMS Number |

| | |
|-------|------------------------------|
| Email | michael.milligan25@yahoo.com |
| | — |
| | — |

| | |
|---------|---|
| Address | 4212 Vuelta Colorada, Santa Fe, NM, U SANTA FE, NM 87507 |
| | — |
| | County |
| Online | — |

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

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

| 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? | — | Athlete contact person relationship to Athlete | — |
| Emergency Contact Name | Michael g milligan | Start year with ASPNM | 2026 |
| Emergency Contact Phone Number | 5054091951 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | 45,000-89,999 |
| Interested in winter program | — | Ethnicity | 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? | La Familia Health Fair | 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 foot 5 inches |
| Have you ever taught Adaptive Sports of any kind? | — | Weight | 130 |
| Have you ever taught Skiing and/or Snow Boarding? | — | Type of Disability | Autism Developmental Disability |
| 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. | Autistic, Non Verbal (Mostly) |
| PSIA or AASI certification (or other professional Snowsport certification) | — | What type of skiing/riding do you think you will be doing | Sit Down Skiing - Bi-Ski |
| Summer Sports certifications, skills, and years experience? | — | What functions are affected? | Non Verbal (Mostly) Not potty trained. |
| Summer Sports equipment owned? | — | Current activities | Trampoline |
| Other sport skills/experience? | — | Medications | none |
| | | Seizures | No |
| | | If yes, date of last seizure | — |
| | | Food or medication allergies | none |
| | | Need to limit activities? | Not sure if he'll be able to coordinate regu initially |
| | | Primary Care Physician name | — |
| | | Primary Care Physician phone | — |