


RESULTS


1. DONATE PAGE

[Home](#) [About us](#) [Donate](#) [Blood donation](#) [Medical Expense coverage](#)


Food items to donate



Name: Milk
Quantity Required: 20
Amount per quantity: 50



Name: Fruits
Quantity Required: 40
Amount per quantity: 200



Name: Rice
Quantity Required: 50
Amount per quantity: 35

Enter quantity you want to donate

Milk:

Fruits:


Rice:

2. BLOOD DONATION PAGE

[Home](#) [About us](#) [Donate](#) [Blood donation](#) [Medical Expense coverage](#)

Blood Donation Page

[Blood Request Form](#)



Patient Name : Emma

Blood Type : AB+ve

No of units required : 2

Contact Number : +91 7685688765


Figure 6.2: Blood donation Page

3. MEDICAL EXPENSE COVERAGE PAGE

Home	About us	Donate	Blood donation	Medical Expense coverage
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Medical Expense coverage through fund raising

[Medical Expense Coverage Request Form](#)



Patient Name : Justin

Cause: Surgery

Amount to be raised: 30000

Enter amount to donate:

[Proceed to donate](#)

4. BLOOD DONATION REQUEST FORM PAGE

Home	About us	Donate	Blood donation	Medical Expense coverage
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Fill the details

Name :

Blood Type required :

No of units required :

Contact Number:

Gender:

☐ Male ☒ Female