```html
<!DOCTYPE html>
</head>
<body>
  <form action="">
    <h1><p style="color:blue;">Donor Information</p></h1>
    <label for="fname">First name:</label>
    <input type="text" id="fname" name="fname"><br>
    <label for="lname">Last name:</label>
    <input type="text" id="lname" name="lname"><br>
    <label for="company">Company:</label>
    <input type="text" ><br>
    <label for="address 1">Address 1:</label>
    <input type="text" ><br>
    <label for="address 2">Address 2:</label>
    <input type="text" ><br>
              <label for ="phone">Phone:</label>
              <input type="text" ><br>
              <label for ="Email">Email:</label>
              <input type="text" ><br>
              <label for ="Fax">Fax:</label>
              <input type="text" ><br>
    <label for="city">City:</label>
    <input type="text" ><br>
    <label for="state">State:</label>
    <select name="state" value="Select a State id="state">
                  <option></option>
      <option>Pabna</option>
      <option>Rajshahi</option>
    </select><br>
    <label for="zip code">Zip Code:</label>
    <input type="text" ><br>
    <label for="select a country">Country:</label>
    <select name="country" value="select a country" id="country">
                  <option ></option>
      <option >Bangladesh</option>
      <option >UK</option>
      <
    </select><br>
    <label for="donation amount">Donation Amount:</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">None</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">$50</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">$80</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">$100</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">$200</label>
    <input type="radio" id="donation amount" name="fav_language" >
    <label for="donation amount">Other</label><br>
    <label for="other amount">Other Amount$</label>
    <input type="text" ><br>
    <label for="recurring donation">Recurring Donation</label><br>
    <input type="checkbox" id="recurring donation" name="fav_language" >
    <label for="recurring donation">I am interested in giving on a regular basis
```

```html
<h1><p style="color:blue;">Honorarium and Memorial Donation Information</p></h1>
<label for="donation">I would like to make this donation</label>
<input type="radio" id="donation" name="fav_language" >
<label for="donation">To Honor</label>
<input type="radio" id="donation" name="fav_language" >
<label for="donation">In Memory of</label><br>
<label for="name">Name:</label>
<input type="text" id="name" name="name"><br>
<label for="acknowledge donation to">Acknowledge Donation to:</label>
<input type="text" ><br>
<label for="address">Address:</label>
<input type="text" ><br>
<label for="city 1">City:</label>
<input type="text" ><br>
<label for="state 2">State:</label>
<select name="state 2" id="state 1">
                    <option value="Select a State"></option>
    <option value="Select a State">Pabna</option>
    <option value="Select a State">Dhaka</option>
</select><br>
<label for="zip">Zip:</label>
<input type="text" ><br>


<h1><p style="color:blue;">Additional Information</p></h1>
<label for="additional">Please enter your name,company or organization:</label><br>
<label for="name1">Name</label>
<input type="text"><br>
<input type="checkbox" id="recurring donation" name="fav_language" >
<label for="">I would like my gift to remain anonymous</label><br>
<input type="checkbox" id="recurring donation" name="fav_language" >
<label for="">My employer offers a matching gift program.I will mail the matching gift
form.</label><br>
<input type="checkbox" id="recurring donation" name="fav_language" >
<label for="">Please save the cost of acknowledging this gift by not mailling a thank you
letter</label><br><br>
<label for="comments">Comments</label><br>
<textarea name="message" style="width:400px; height:100px;">

        </textarea><br>
<label for="contact">How may we contact you?</label><br>
<input type="checkbox" id="contact" name="fav_language" >
<label for="contact">E-mail</label><br>
<input type="checkbox" id="contact" name="fav_language" >
<label for="contact">Postal Mail</label><br>
<input type="checkbox" id="contact" name="fav_language" >
<label for="contact">Telephone</label><br>
<input type="checkbox" id="contact" name="fav_language" >
<label for="contact">Fax</label><br>


<label for="">I would like to receive newsletters and Information about special events
by:</label><br>
<input type="checkbox" id="contact" name="fav_language" >
<label for="contact">E-mail</label><br>
```

```html
        <input type="checkbox" id="contact" name="fav_language" >
        <label for="contact">Postal mail</label><br>
        <input type="checkbox" id="contact" name="fav_language" >

        <label for="contact">I would like Information about volunteering with the</label><br>
        <input type="text"><br>
        <button type="button">Reset</button>
                    <button type="button">Continue</button>
    </form>
</body>
</html>
```