**Instructions: Please read carefully**

* Submit the file before **11:59pm on 21/10/2020** in your**github repository** in**Lab task 1 folder.If you cannot complete the full task, do not worry. Just upload what you have completed.**
* **You must upload a screenshot of each task also**
* You can take help from your class mate or internet but don’t copy from them.Its important for you to learn

|  |
| --- |
| **1. Create a HTML structure for the following layout:** |
| **2. Create a HTML structure for any of your personal interest (e.g. Your CV/Personal website/Movie character/Cartoon character/Sportsman)** |
|  |

HTML code for the following layouts :

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Document</title>

</head>

<body>

<h5>-Denotes Required information</h5>

<p><b> >1 Donation </b> > 2 Confirmation > Thank you !</p>

<h1 style ="color:red;">Donor Information</h1>

<form action="">

<center>

<table>

<tr>

<td><b>First Name</b></td>

<td><input type="text" id="fname" name="fname" value=""></td>

</tr>

<tr>

<td><b>Last Name</b></td>

<td><input type="text" id="lname" name="lname" value="" ></td>

</tr>

<tr>

<td><b>Company</b></td>

<td><input type="text" id="company" name="company" value=""></td>

</tr>

<tr>

<td><b>Address 1</b></td>

<td><input type="text" id="address1" name="address1" value=""></td>

</tr>

<tr>

<td><b>Address 2</b></td>

<td><input type="text" id="address2" name="address2" value=""></td>

</tr>

<tr>

<td><b>City</b></td>

<td><input type="text" id="city" name="city" value=""></td>

</tr>

<tr>

<td><b>State</b></td>

<td>

<select name="Select a State">

<option value="Select a State">Select a State</option>

<option value="Bangladesh">Bangladesh</option>

<option value="England">England</option>

<option value="America">America</option>

<option value="Japan">Japan</option>

<option value="Indonesia">Indonesia</option>

</select>

</td>

</tr>

<td><b>Zip Code</b></td>

<td><input type="text" id="zipcode" name="zipcode" value=""></td>

</tr>

<tr>

<td><b>Country</b></td>

<td>

<select name="Select a country">

<option value="Select a country">Select a country</option>

<option value="Bangladesh">Bangladesh</option>

<option value="England">England</option>

<option value="America">America</option>

<option value="Japan">Japan</option>

<option value="Indonesia">Indonesia</option>

</select>

</td>

</tr>

<tr>

<td><b>Phone</b></td>

<td><input type="text" id="phone" name="phone" value=""></td>

</tr>

<tr>

<td><b>Fax</b></td>

<td><input type="text" id="fax" name="fax" value=""></td>

</tr>

<tr>

<td><b>Email</b></td>

<td><input type="text" id="email" name="email" value=""></td>

</tr>

<tr>

<td><b>Donation Amount</b></td>

<td>

<input type="radio" id="radio" name="radio">None

<input type="radio" id="radio" name="radio">$50

<input type="radio" id="radio" name="radio">$75

<input type="radio" id="radio" name="radio">$100

<input type="radio" id="radio" name="radio">$250

<input type="radio" id="radio" name="radio">other

</td>

</tr>

<tr>

<td>(Check a button or Type in your Amount)</td>

<td><b>Other Amount $</b>

<input type="text" id="text" name="text" value="">

</td>

</tr>

<tr>

<td><b>Recurring Donation</b></td>

<td><input type="checkbox" id="checkbox" name="checkbox">I am interested in gining on a regular basis</td>

</tr>

<tr>

<td>(check if yes)</td>

<td>Monthly Credit Card $

<input type="text" id="text" name="text" value="">For

<input type="text" id="text" name="text" value="">Months

</td>

</tr>

</table>

</center>

</form><br><br>

<h1 style="color:red;">Honorarium and Memorial Donation Information</h1>

<form action="">

<center>

<table>

<tr>

<td><b>I would like to make this donation</b></td>

<td>

<input type="radio" id="radio" name="radio" value="">To Honor <br>

<input type="radio" id="radio" name="radio" value="">In Memory of

</td>

</tr>

<tr>

<td><b>Name</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

<tr>

<td><b>Acknowledge Donation to</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

<tr>

<td><b>Address</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

<tr>

<td><b>City</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

<tr>

<td><b>State</b></td>

<td>

<select name="Select a State">

<option value="Select a State">Select a State</option>

<option value="Bangladesh">Bangladesh</option>

<option value="England">England</option>

<option value="America">America</option>

<option value="Japan">Japan/option>

<option value="Indonesia">Indonesia</option>

</select>

</td>

</tr>

<tr>

<td><b>Zip Code</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

</table>

</center>

</form><br><br>

<h1 style="color:red;">Additional Information</h1>

<p>Please enter your name ,company or organization as you would like it to appear in our publications:</p>

<form action="">

<table>

<tr>

<td><b>Name</b></td>

<td><input type="text" id="text" name="text" value=""></td>

</tr>

<tr>

<td><input type="checkbox" id="checkbox" name="checkbox" value="">I would like my gift to remain anonymous</td>

</tr>

<tr>

<td><input type="checkbox" id="checkbox" name="checkbox" value="">My employer offers a matching gift program.I will mail the matching gift from</td>

</tr>

<tr>

<td><input type="checkbox" id="checkbox" name="checkbox" value="">Please save the cost of acknowledging this gift by not mailing a thank you letter</td>

</tr>

<tr>

<td><b>Comments</b>(please type any question or feedback here)</td>

<td><textarea name="message" id="message" cols="30" rows="10"></textarea></td>

</tr>

<tr>

<td><b>How may we contact you?</b></td>

<td>

<input type="checkbox" id="checkbox" name="checkbox" value="">E-mail <br>

<input type="checkbox" id="checkbox" name="checkbox" value="">Postal Mail <br>

<input type="checkbox" id="checkbox" name="checkbox" value="">Telephone <br>

<input type="checkbox" id="checkbox" name="checkbox" value="">Fax

</td>

</tr>

<tr>

<td> <p style="color: grey;">I would like to receive newsletters and information about special events by :</p></td><br><br>

<td>

<input type="checkbox" id="checkbox" name="checkbox" value="">E-mail <br>

<input type="checkbox" id="checkbox" name="checkbox" value="">Postal Mail <br>

</td>

</tr>

<tr>

<td><input type="checkbox" id="checkbox" name="checkbox" value="">I would like information about volunteering</td>

</tr>

<tr>

<td>

<button>Reset</button>

<button>Continue</button>

</td>

</tr>

</table>

</form>

</body>

</html>

Screenshot for the output:





