<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta http-equiv="X-UA-Compatible" content="IE=edge">

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

    <title>Document</title>

</head>

<body>

  <section class="about section" id="about">

    <div class="container grid grid-two-column">

        <div class="about-data">

            Food bank<br />

           <label for="taway">take away:</label>

                <textarea type="text" id="taway" name="tway"> </textarea>

      <input name="Submit1" type="submit" value="submit" /><br />

      <br>

                <label for="dmoney">Donate Money for ration</label><tb>

    <br />

    <table style="width: 65%" class="auto-style1">

      <tr>

        <td style="width: 238px; height: 23px;">NAME</td>

        <td style="width: 110px; height: 23px;">Prize per kg</td>

        <td style="width: 113px; height: 23px;">Quantity</td>

      </tr>

      <tr>

        <td style="width: 238px; height: 37px;">Rice</td>

        <td style="width: 110px; height: 37px;">

    <form method="post">

      <input name="Text1" type="text" /></form>

    &nbsp;</td>

        <td style="width: 113px; height: 37px;">

        <form method="post">

          <input type="text" id="secondNumber" /></form>

        &nbsp;</td>

      </tr>

      <tr>

        <td style="width: 238px">Wheat</td>

        <td style="width: 110px">

    <form method="post">

      <input name="Text5" type="text" /></form>

    &nbsp;</td>

        <td style="width: 113px">

        <form method="post">

          <input name="Text2" type="text" /></form>

        &nbsp;</td>

      </tr>

      <tr>

        <td style="width: 238px">Milk</td>

        <td style="width: 110px">

    <form method="post">

      <input name="Text6" type="text" /></form>

    &nbsp;</td>

        <td style="width: 113px">

        <form method="post">

          <input name="Text3" type="text" /></form>

        &nbsp;</td>

      </tr>

      <tr>

        <td style="width: 238px">Lentils</td>

        <td style="width: 110px">

    <form method="post">

      <input name="Text7" type="text" /></form>

    &nbsp;</td>

        <td style="width: 113px">

        <form method="post">

          <input name="Text4" type="text" /></form>

        &nbsp;</td>

      </tr>

      <tr>

        <td style="width: 238px">Total</td>

        <td style="width: 110px">&nbsp;</td>

        <td style="width: 113px">

        &nbsp;</td>

      </tr>

    </table>

    <br />

    </div>   <input name="Button" style="width: 117px" type="button" value="Donate" />

  <p>&nbsp;</p><br>

     Coths Donation<br />

           <label for="taway">take away:</label>

                <textarea type="text" id="taway" name="tway"> </textarea>

    <input class="auto-style2" name="Submit2" type="submit" value="submit" /><table style="width: 64%">

      <tr>

        <td style="height: 23px; width: 145px">Name</td>

        <td style="height: 23px; width: 128px">Prize</td>

        <td style="height: 23px; width: 150px">Quantity</td>

      </tr>

      <tr>

        <td style="height: 23px; width: 145px">Blanket</td>

        <td style="height: 23px; width: 128px">

        <form method="post">

          <input name="Text13" type="text" /></form>

        </td>

        <td style="height: 23px; width: 150px">

        <form method="post">

          <input name="Text14" type="text" /></form>

        </td>

      </tr>

      <tr>

        <td style="width: 145px">Clothes</td>

        <td style="width: 128px">

        <form method="post">

          <input name="Text15" type="text" /></form>

        &nbsp;</td>

        <td style="width: 150px">

        <form method="post">

          <input name="Text16" type="text" /></form>

        &nbsp;</td>

      </tr>

      <tr>

        <td style="width: 145px">Total</td>

        <td style="width: 128px">&nbsp;</td>

        <td style="width: 150px">&nbsp;</td>

      </tr>

    </table>

    <br>

    <form method="post">

      <input name="Button5" type="button" value="Donate" /></form>

    <br />

   </section>

   <p>Medical Help</p>

   <p>

                <label for="mhelp">Medical Hel</label><table style="width: 57%">

          <tr>

            <td style="width: 191px; height: 23px">&nbsp;</td>

            <td style="width: 76px; height: 23px">Funds</td>

          </tr>

          <tr>

            <td style="width: 191px">Kidney Transplant</td>

            <td style="width: 76px">

            <form method="post" style="width: 167px">

              <input name="Text8" type="text" /></form>

            &nbsp;</td>

          </tr>

          <tr>

            <td style="width: 191px">Cancer Crowdfunding</td>

            <td style="width: 76px">

            <form method="post">

              <input name="Text9" type="text" /></form>

            &nbsp;</td>

          </tr>

          <tr>

            <td style="width: 191px">Covid-19 Support</td>

            <td style="width: 76px">

            <form method="post">

              <input name="Text10" type="text" /></form>

            &nbsp;</td>

          </tr>

          <tr>

            <td style="width: 191px">Liver Transplant</td>

            <td style="width: 76px">

            <form method="post">

              <input name="Text11" type="text" /></form>

            &nbsp;</td>

          </tr>

          <tr>

            <td style="width: 191px">Hart Transplant</td>

            <td style="width: 76px">

            <form method="post">

              <input name="Text12" type="text" /></form>

            &nbsp;</td>

          </tr>

          <tr>

            <td style="width: 191px">Total Donation</td>

            <td style="width: 76px">&nbsp;</td>

          </tr>

        </table>

        <br />

           &nbsp; </p><br>

   Raise Funds<form method="post">

     <input name="Button1" type="button" value="Donate Now" /></form>

   <br />

</body>

</html>