

# LAB TASK 1

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1 <html>
2 <body style="background-color:#f2f2f2;"><script type="text/javascript" src="https://ff.kis.v2.scr.kaspersky-labs.com/FD126C42-EBFA-4E12-B309-B83FD0723AC1/main.js?attr=SKRD3B8g5JuBh
3 OMc_GwHfEHh2zr8tbdp70vjvG1S6ggE1a3yLK-qje0rWm2m7XUjqtCdq1IH0jp3m3cPFG3vpXhFhJE87EytBB8zdTKP85_B_VcB1z0tV16e1-Z151-DC-jCggdaFP8p23jzQw" charset="UTF-8"></script>
4 <p><span style="color:red;">*</span> Denotes Required Information</p>
5 <p><span style="color:black;font-weight:bold;">> 1 Donation</span> <span style="color:red;">*</span> 2 Confirmation <span style="color:red;">*</span> Thank You!</p>
6 <p style="color:red;font-weight: bold;font-size: 28"> Donor Informations</p>
7 <form action="/action_page.php">
8 <label for="fname" style="font-weight: bold">First name<span style="color: red;">*</span></label>
9 <input type="text" id="fname" name="fname" value=""><br>
10 <label for="lname" style="font-weight: bold">Last name<span style="color: red;">*</span></label>
11 <input type="text" id="lname" name="lname" value=""><br>
12 <label for="company" style="font-weight: bold">Company</label>
13 <input type="text" id="company" name="company" value=""><br>
14 <label for="add1" style="font-weight: bold">Address 1<span style="color: red;">*</span></label>
15 <input type="text" id="add1" name="add1" value=""><br>
16 <label for="add2" style="font-weight: bold">Address 2</label>
17 <input type="text" id="add2" name="add2" value=""><br>
18 <label for="city" style="font-weight: bold">City<span style="color: red;">*</span></label>
19 <input type="text" id="city" name="city" value=""><br>
20 <label for="state" style="font-weight: bold">State<span style="color: red;">*</span></label>
21 <select id="state" name="state">
22 <option value="ny">New York</option>
23 <option value="fl">Florida</option>
24 <option value="al">Alaska</option>
25 <option value="nev">Nevada</option>
26 </select><br>
27 <label for="zip" style="font-weight: bold">Zip Code<span style="color: red;">*</span></label>
28 <input type="text" id="zip" name="zip" value=""><br>
29 <label for="country" style="font-weight: bold">Country<span style="color: red;">*</span></label>
30 <select id="country" name="country">
31 <option value="us">United States of America</option>
32 <option value="bd">Bangladesh</option>
33 <option value="in">India</option>
34 <option value="ru">Russia</option>
35 </select><br>
36 <label for="phone" style="font-weight: bold">Phone</label>
37 <input type="text" id="phone" name="phone" value=""><br>
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45 <input type="text" id="phone" name="phone" value=""><br>
46 <label for="fax" style="font-weight: bold">Fax</label>
47 <input type="text" id="fax" name="fax" value=""><br>
48 <label for="email" style="font-weight: bold">Email<span style="color: red;">*</span></label>
49 <input type="text" id="email" name="email" value=""><br>
50 <label for="doam" style="font-weight: bold">Donation Amount<span style="color: red;">*</span></label>
51 <input type="radio" id="none" name="doam" value="none">
52 <label for="none">None</label>
53
54 <input type="radio" id="fifty" name="doam" value="fifty">
55 <label for="fifty">$50</label>
56
57 <input type="radio" id="sfive" name="doam" value="sfive">
58 <label for="sfive">$75</label>
59
60 <input type="radio" id="hun" name="doam" value="hun">
61 <label for="hun">$100</label>
62
63 <input type="radio" id="tfive" name="doam" value="tfive">
64 <label for="tfive">$250</label>
65
66 <input type="radio" id="other" name="doam" value="other">
67 <label for="other">Other</label><br>
68
69 <label for="email" style="font-weight: bold">Other Amount $ </label>
70 <input type="text" id="other" name="other" value=""><br>
71
72 <label for="redoam" style="font-weight: bold">Recurring Donation </label>
73 <input type="checkbox" id="redoam" name="redoam" value="redoam">
74
75 <label for="redoam">I am intersted in giving on a regular basis </label><br>
76
77 <label for="redoam">Monthly Credit Card </label>
78 <input type="text" id="redoam" name="redoam" value=""> <label>For</label> <input type="text" id="redoam" name="redoam" value=""> <label>Months</label>
79
80 <p style="color:red;font-weight: bold;font-size: 28"> Honourarium and Memorial Donation Informations</p>
81
82 <label for="doam" style="font-weight: bold">I would like to make this donation </label><br>
83
84 <input type="radio" id="none" name="doam" value="none">
85 <label for="none">To Honor </label><br>
86
87 <input type="radio" id="none" name="doam" value="none">
88 <label for="none">In Memory of </label><br>
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91
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LAB_TASK_1.html x LAB_TASK_2.html x
88
89 <input type="radio" id="none" name="doam" value="none">
90 <label for="none">In Memory of </label><br>
91
92 <label for="zip" style="font-weight: bold">Name</label>
93 <input type="text" id="name2" name="name2" value=""><br>
94
95 <label for="zip" style="font-weight: bold">Acknowledge Donation to</label>
96 <input type="text" id="adt" name="adt" value=""><br>
97
98 <label for="zip" style="font-weight: bold">City </label>
99 <input type="text" id="city1" name="city1" value=""><br>
100
101 <label for="zip" style="font-weight: bold">Address </label>
102 <input type="text" id="add3" name="add3" value=""><br>
103
104 <label for="state" style="font-weight: bold">State </label>
105 <select id="state" name="state">
106 <option value="ny">New York</option>
107 <option value="fl">Florida</option>
108 <option value="al">Alaska</option>
109 <option value="nev">Nevada</option>
110 </select><br>
111
112 <label for="zip" style="font-weight: bold">Zip </label>
113 <input type="text" id="zip1" name="zip1" value=""><br>
114
115 <p style="color:red;font-weight: bold;font-size: 28"> Additional Information</p>
116
117 <label for="information2"> Please enter your name, company or organization as you would like it to appear in our publications: </label><br>
118
119 <label for="zip" style="font-weight: bold">Name</label>
120 <input type="text" id="name3" name="name3" value=""><br>
121
122 <input type="checkbox" id="gift" name="gift" value=""> <label for="gift">I would like my gift to remain anonymous. </label><br>
123
124 <input type="checkbox" id="mail" name="mail" value=""> <label for="mail">My employer offers a matching gift program. I will mail the matching gift form. </label><br>
125
126 <input type="checkbox" id="cost" name="cost" value=""> <label for="cost">Please save the cost of acknowledging this gift by not mailing a thank you letter. </label><br>
127
128 <label for="doam" style="font-weight: bold">Comments </label> <br><textarea rows="4" cols="50" name="comment" form="comment"></textarea><br>
129
130 <label for="doam" style="font-weight: bold">How may we contact you? </label><br>
131
132 <input type="checkbox" id="mail1" name="mail1" value=""> <label for="mail1"> Email </label><br>
133
134 <input type="checkbox" id="pmail" name="pmail" value=""> <label for="pmail"> Postal Mail </label><br>
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LAB_TASK_1.html x LAB_TASK_2.html x
108 <option value="al">Alaska</option>
109 <option value="nev">Nevada</option>
110 </select><br>
111
112 <label for="zip" style="font-weight: bold">Zip </label>
113 <input type="text" id="zip1" name="zip1" value=""><br>
114
115 <p style="color:red;font-weight: bold;font-size: 28"> Additional Information</p>
116
117 <label for="information2"> Please enter your name, company or organization as you would like it to appear in our publications: </label><br>
118
119 <label for="zip" style="font-weight: bold">Name</label>
120 <input type="text" id="name3" name="name3" value=""><br>
121
122 <input type="checkbox" id="gift" name="gift" value=""> <label for="gift">I would like my gift to remain anonymous. </label><br>
123
124 <input type="checkbox" id="mail" name="mail" value=""> <label for="mail">My employer offers a matching gift program. I will mail the matching gift form. </label><br>
125
126 <input type="checkbox" id="cost" name="cost" value=""> <label for="cost">Please save the cost of acknowledging this gift by not mailing a thank you letter. </label><br>
127
128 <label for="doam" style="font-weight: bold">Comments </label> <br><textarea rows="4" cols="50" name="comment" form="comment"></textarea><br>
129
130 <label for="doam" style="font-weight: bold">How may we contact you? </label><br>
131
132 <input type="checkbox" id="mail1" name="mail1" value=""> <label for="mail1"> Email </label><br>
133
134 <input type="checkbox" id="pmail" name="pmail" value=""> <label for="pmail"> Postal Mail </label><br>
135
136 <input type="checkbox" id="tel" name="tel" value=""> <label for="tel"> Telephone </label><br>
137
138 <input type="checkbox" id="fax1" name="fax1" value=""> <label for="fax1"> Fax </label><br>
139
140 <label for="cost">Please save the cost of acknowledging this gift by not mailing a thank you letter. </label><br>
141
142 <input type="checkbox" id="mail2" name="mail2" value=""> <label for="mail2"> Email </label><br>
143
144 <input type="checkbox" id="pmail2" name="pmail2" value=""> <label for="pmail2"> Postal Mail </label><br>
145
146 <input type="checkbox" id="info" name="info" value=""> <label for="info"> I would like information about volunteering with the company. </label><br>
147
148 <input type="button" value="Reset">
149 <input type="button" value="Continue">
150 </form>
151
152 </html>
153 </body>
```

\*-Denotes Required Information

> 1 Donation > 2 Confirmation > Thank You!

## Donor Information

First name\*   
Last name\*   
Company   
Address 1\*   
Address 2   
City\*   
State\*   
Zip Code\*   
Country\*   
Phone   
Fax   
Email\*   
Donation Amount\* ☐ None ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$250 ☐ Other  
Other Amount \$   
Recurring Donation ☐ I am interested in giving on a regular basis  
Monthly Credit Card \$  For  Months

## Honourarium and Memorial Donation Information

I would like to make this donation

- ☐ To Honor  
☐ In Memory of

Name

Acknowledge Donation to

City

...

I would like to make this donation

- ☐ To Honor  
☐ In Memory of

Name

Acknowledge Donation to

City

Address

State

Zip

## Additional Information

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

Name

- ☐ I would like my gift to remain anonymous.  
☐ My employer offers a matching gift program, I will mail the matching gift form.  
☐ Please save the cost of acknowledging this gift by not mailing a thank you letter.

Comments

How may we contact you?

- ☐ Email  
☐ Postal Mail  
☐ Telephone  
☐ Fax

Please save the cost of acknowledging this gift by not mailing a thank you letter.

- ☐ Email  
☐ Postal Mail  
☐ I would like information about volunteering with the company.