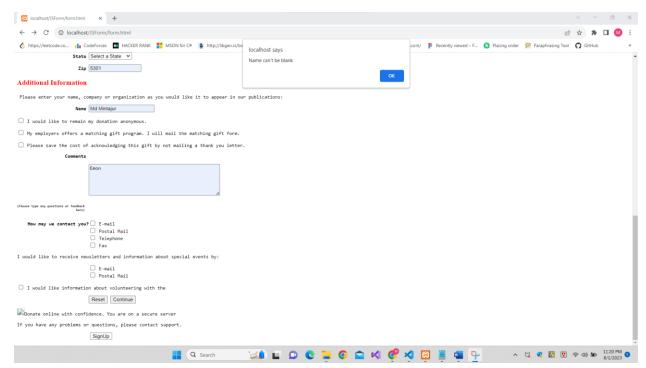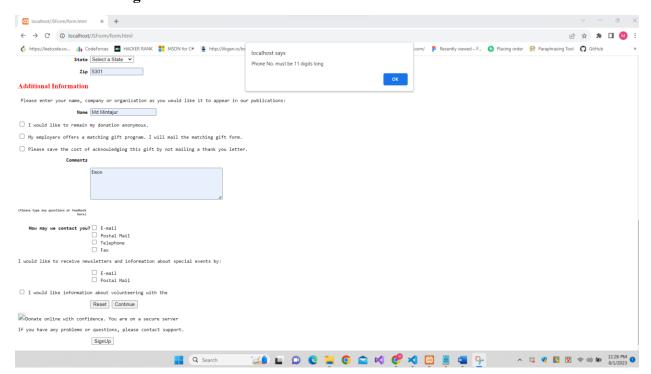# Validation Outputs

Validation Through Name:

Validation Through Phone Number:

Code:

```html
<html>
<body>
<script>
function validateform(){
var name=document.myform.name.value;
var phone=document.myform.phone.value;

if (name==null || name==""){
  alert("Name can't be blank");
  return false;
}else if(phone.length=11){
  alert("Phone No. must be 11 digits long");
  return false;
  }
}
</script>
<body>
<form name="myform" method="post"
action="http://www.javatpoint.com/javascriptpages/valid.jsp" onsubmit="return
validateform()" >
    <p><h6><span style="color: red">*</span> - Denotes Required
Information</h6></p>
    <p><b><pre>> 1 Donation</b>  > 2 Confirmation  > Thank You! </pre></p>
    <h3 style="color:red">Donor Information</h3>
    <label> <pre><b>                   First Name</b><span style="color:
red">*</span> <input type="text" name="name"></pre></label>
    <label> <pre><b>                   Last Name</b><span style="color:
red">*</span> <input type="text" name="lname"/></pre></label>
    <label> <pre><b>                     Company</b> <input type="text"
name="cname"/></pre></label>
    <label> <pre><b>                   Address1</b><span style="color:
red">*</span> <input type="text" name="address1"/></pre></label>
    <label> <pre><b>                  Address2</b> <input type="text"
name="address2"/></pre></label>
    <label> <pre><b>                       City</b><span style="color:
red">*</span> <input type="text" name="city"/></pre></label>
    <label> <pre><b>                      State</b><span style="color:
red">*</span> <select>
       <option>Select a State</option>
       <option>Dhaka</option>
       <option>Rajshahi</option>
       <option>Barishal</option>
       <option>Khulna</option>
```

```html
        <option>Sylhet</option>
        <option>Rangpur</option>
        <option>Mymensingh</option>
        <option>North Carolaina</option>
        <option>Texs</option>
        <option>California</option>
        <option>New Yourk</option>
        <option>Washington</option>
        <option>Mumbai</option>
        <option>Chennai</option>
        <option>Rajesthan</option>
        <option>Lahore</option>
        <option>Karachi</option>
        <option>Islamabad</option>
        <option>Beijing</option>
        <option>Tianjin</option>
        <option>Hebei</option>
        </select></pre></label>
    <label> <pre><b>                    Zip Code</b><span style="color:
red">*</span> <input type="text" name="zip"/></pre></label>
    <label> <pre><b>                    Country</b><span style="color:
red">*</span> <select>
        <option>Select a Country</option>
        <option>Bangladesh</option>
        <option>United States</option>
        <option>India</option>
        <option>Pakistan</option>
        <option>China</option>
        </select></pre></label>
    <label> <pre><b>                    Phone</b> <input type="number"
name="phone"></pre></label>
     <label> <pre><b>                    Fax</b> <input type="text"
name="fax"/></pre></label>
    <label> <pre><b>            Email</b><span style="color:
red">*</span> <input type="text" name="email"></pre></label>
    <label> <pre><b>        Donation Amount</b><span style="color:
red">*</span><input type="radio" name="radio1" value="None"/>None <input
type="radio" name="radio2" value="$50"/>$50 <input type="radio" name="radio3"
value="$75"/>$75 <input type="radio" name="radio4" value="$100"/>$100 <input
type="radio" name="radio5" value="$250"/>$250 <input type="radio" name="radio6"
value="Other"/>Other</pre></label>
    <p><pre><h5> (Check a button or type in your</h5></pre></p>
    <pre>                    amount)<label><b> Other Amount $ </b> <input
type="text" name="amount"/></label></pre>
```

```html
    <pre><label><b>          Recurring Donation</b></label><input type="checkbox"
name="recurring"><label>I am interested in giving on a regular
basis.</label></pre>
    <p><pre><h5>                    (Check if yes)</h5></pre></p>
    <pre>                    <label>          Monthly Credit Card $  <input
type="textbox" size="3" name="monthcr"/> For <input type="textbox" size="2"
name="monthcr2"/> Months</label></pre>
    <br>


    <h3 style="color:red">Honorarium and Memorial Donation Information</h3>
    <label> <pre><b> I would like to make this</b><input type="radio"
name="radio7"/>To Honor</pre></label>
    <label> <pre><b>                    donation</b><input type="radio"
name="radio8"/>In Memory of </pre></label>
    <label> <pre><b>                        Name</b> <input type="text"
name="name1"/></pre></label>
    <label> <pre><b>   Acknowledge Donation to</b> <input type="text"
name="ack"/></pre></label>
    <label> <pre><b>                    Address</b> <input type="text"
name="address"/></pre></label>
    <label> <pre><b>                        City</b> <input type="text"
name="city1" /></pre></label>
    <label> <pre><b>                        State</b></span> <select>
        <option>Select a State</option>
        <option>Dhaka</option>
        <option>Rajshahi</option>
        <option>Barishal</option>
        <option>Khulna</option>
        <option>Sylhet</option>
        <option>Rangpur</option>
        <option>Mymensingh</option>
        <option>North Carolaina</option>
        <option>Texs</option>
        <option>California</option>
        <option>New Yourk</option>
        <option>Washington</option>
        <option>Mumbai</option>
        <option>Chennai</option>
        <option>Rajesthan</option>
        <option>Lahore</option>
        <option>Karachi</option>
        <option>Islamabad</option>
        <option>Beijing</option>
        <option>Tianjin</option>
```

```html
            <option>Hebei</option>
        </select></pre></label>
        <label> <pre><b>                            Zip</b> <input type="text"
name="zip1" size="15"/></pre></label>
        <h3 style="color:red">Additional Information</h3>
        <pre><p> Please enter your name, company or organization as you would
like it to appear in our publications:</p></pre>
    <label> <pre><b>                          Name</b> <input type="text"
name="name2"/></pre></label>
    <pre><input type="checkbox" name="iwould"><label> I would like to remain my
donation anonymous.</label></pre>
    <pre><input type="checkbox" name="giftprogam"><label> My employers offers a
matching gift program. I will mail the matching gift form.</label></pre>
    <pre><input type="checkbox" name="pleasesave"><label> Please save the cost of
acknowledging this gift by not mailing a thank you letter.</label></pre>
    <label> <pre><b>                    Comments </b></pre></label>
    <pre>                            <textarea rows="5" cols="45"
name="textarea"></textarea></pre>
    <pre><h6>(Please type any questions or feedback
                            here)</h6></pre></p>
    <pre><label><b>    How may we contact you?</b></label><input type="checkbox"
name="email1"> E-mail</label>
                        <input type="checkbox" name="postalmail"> Postal
Mail</label>
                        <input type="checkbox" name="telephone">
Telephone</label>
                        <input type="checkbox" name="fax1"> Fax</label></pre>
    <pre><p>I would like to receive newsletters and information about special
events by:</p></pre>
    <pre>                        <input type="checkbox" name="email2"><label>
E-mail</label>
                        <input type="checkbox" name="postalmail1"><label>
Postal Mail</label></pre>
                        <pre><input type="checkbox" name="iwould1"><label> I
would like information about volunteering with the</label></pre>
    <pre>                        <button type="reset">Reset</button>
<button>Continue</button></pre>
    <pre><img src="D:/Summer 2022-23 10th sem/Web Tech/Mid/Lab/lock.PNG" alt=""
height="20" >Donate online with confidence. You are on a secure server
</h5></pre>
    <pre><p>If you have any problems or questions, please contact
support.</p></pre>
```

```
                               
                       <input
type="submit" value="SignUp">
</form>
</body>
</html>
```