

```
<!DOCTYPE html>

<html>

<head>

  <title>Donor Information Form</title>

  <style>

    body {

      font-family: Arial, sans-serif;

      padding: 30px;

      background-color: #f9f9f9;

    }


    h2 {

      color: red;

      text-align: center;

    }


    form {

      max-width: 500px;

      margin: auto;

      padding: 20px;

      background-color: #ffffff;

      border: 1px solid #ddd;

      border-radius: 8px;

    }


    label {

      display: block;

      margin-top: 15px;

      font-weight: bold;
```

```
}
```

```
input[type="text"],  
input[type="email"],  
input[type="tel"],  
input[type="number"],  
textarea,  
select {  
    width: 100%;  
    padding: 8px;  
    margin-top: 5px;  
    border: 1px solid #ccc;  
    border-radius: 4px;  
    box-sizing: border-box;  
}
```

```
input[type="submit"] {  
    margin-top: 20px;  
    background-color: #4CAF50;  
    color: white;  
    border: none;  
    padding: 10px 15px;  
    cursor: pointer;  
    font-size: 16px;  
    border-radius: 4px;  
}
```

```
input[type="submit"]:hover {  
    background-color: #45a049;
```

```
}
</style>
</head>
<body>

<h2>Donor Information Form</h2>

<form action="submit_donation.php" method="post">
  <label for="name">Full Name:</label>
  <input type="text" id="name" name="donor_name" required>

  <label for="email">Email Address:</label>
  <input type="email" id="email" name="donor_email" required>

  <label for="phone">Phone Number:</label>
  <input type="tel" id="phone" name="donor_phone" required>

  <label for="address">Address:</label>
  <textarea id="address" name="donor_address" rows="3" cols="40"></textarea>

  <label for="amount">Donation Amount:</label>
  <input type="number" id="amount" name="donation_amount" required min="1">

  <label for="type">Donation Type:</label>
  <select id="type" name="donation_type" required>
    <option value="">-- Select --</option>
    <option value="money">Money</option>
    <option value="clothes">Clothes</option>
    <option value="food">Food</option>
  </select>
</form>
</body>
</html>
```

```
<option value="others">Others</option>  
</select>
```

```
<label for="message">Message (optional):</label>
```

```
<textarea id="message" name="donor_message" rows="4" cols="40"></textarea>
```

```
<input type="submit" value="Submit Donation">
```

```
</form>
```

```
</body>
```

```
</html>
```