

## INSTRUCTIONS:

Copy all code below the line into an HTML object.

Change the red-highlighted text to the e-mail address you'd like to receive the form. Change the yellow-highlighted text to the page you'd like your users to go to after successfully submitting their form.

You may delete fields from this form, but you may not add form elements or change input/textarea names.

---

```
<script>
function chk()
{
var bad_domain=document.forms.length;

for(var i=0;i<bad_domain;i++)
{
document.getElementById("Form_Name"+(i+1)).value=document.forms[i].name;
}
}
</script>
<div id="Letter">
<div class="gutter">
<form name="Form_1" class="formMail" action="/jsp/formMail.jsp" method="post">
<input type="hidden" name="To_id" value="your-email@yoursite.com">
<input type="hidden" name="redirect_url" value="http://www.replace-this-with-your-thank-you-
page.com/thank-you">

<label for="email">Email: </label>
<input type="text" name="Email" /><br />

<label for="subject">Subject: </label>
<input type="text" name="Subject" /><br />

<label for="name">Name: </label>
<input type="text" name="Name" /><br />

<label for="phonenumber">Phone Number: </label>
<input type="text" name="Phone" /><br />

<label for="website">Web Site: </label>
<input type="text" name="Website" /><br />

<label for="city">City: </label>
<input type="text" name="City" /><br />

<label for="zipcode">Zip Code: </label>
<input type="text" name="ZipCode" /><br />

<label for="address">Address: </label>
<textarea name="Address"></textarea><br />

<label>Your Letter: </label>
```

```
<textarea name="Letter"></textarea><br />
```

```
<label>Comments: </label>
```

```
<textarea name="Comments"></textarea><br />
```

```
<label>CheckBox: </label>
```

```
<input type="checkbox" name="CheckBox" value="Hi" class="checkbox" /><br />
```

```
<label>Country: </label>
```

```
<select name="Country">
```

```
<option>Select Country</option>
```

```
<option>India</option>
```

```
<option>USA</option>
```

```
<option>UK</option>
```

```
<option>Canada</option>
```

```
<option>Sri Lanka</option>
```

```
</select><br />
```

```
<label>Year: </label>
```

```
<select name="Year">
```

```
<option>Year</option>
```

```
<option>2009</option>
```

```
<option>2008</option>
```

```
<option>2007</option>
```

```
<option>2006</option>
```

```
<option>2005</option>
```

```
</select><br />
```

```
<label>State: </label>
```

```
<select name="State">
```

```
<option>State</option>
```

```
<option>AL</option>
```

```
<option>AK</option>
```

```
<option>AS</option>
```

```
<option>AZ</option>
```

```
<option>AR</option>
```

```
</select><br />
```

```
<input name="human" id="human" type="text" />
```

```
<input type="hidden" name="Form_Name" id="Form_Name1">
```

```
<input type="submit" name="submit" value="submit" class="submitBtn" onclick="chk();" />
```

```
</form>
```

```
</div>
```

```
</div>
```